SECTION 404 (2)(c) Part 2
TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP
FY 2014

Adults with Mental Illness
(Adult MI)

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2014 MDCH/CMHSP contract. Cost data were collected for the reporting period October 1, 2013 to September 30, 2014 and submitted to MDCH by March 2, 2015. The data in this section represent the total costs associated with providing mental health services to adults with mental illness (adult 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).

Adults with Mental Illness SUB-ELEMENT COST REPORT: Fiscal Year 2014

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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	6	936	$473,616	$78,936	$506	156
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	62	636	$417,318	$6,731	$656	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	143	1,547	$839,821	$5,873	$543	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	11	50	$7,348	$668	$147	5
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			272	309	$127,756	$470	$413	1
Assessment		90792		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90832		Encounter	201	544	$55,317	$275	$102	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	1	1	$91	$91	$91	1
Mental Health: Outpatient Care		90834		Encounter	367	1,602	$255,987	$698	$160	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	2	2	$286	$143	$143	1
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	324	2,057	$413,739	$1,277	$201	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	6	6	$1,080	$180	$180	1
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	2	$472	$472	$236	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	3	10	$2,190	$730	$219	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	14	134	$21,562	$1,540	$161	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	2	9	$3,109	$1,555	$345	5
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	12	16	$2,544	$212	$159	1
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	50	629	$18,274	$365	$29	13
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	1	3	$189	$189	$63	3
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	1	8	$252	$252	$32	8
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	1	13	$1,235	$1,235	$95	13
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	3	7	$546	$182	$78	2
Established Patient Evaluation and Management		99212		Encounter	23	23	$1,863	$81	$81	1
Established Patient Evaluation and Management		99213		Encounter	480	1,343	$123,058	$256	$92	3
Established Patient Evaluation and Management		99214		15 Minutes	374	588	$75,560	$202	$129	2
Established Patient Evaluation and Management		99215		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221		15 Minutes	2	4	$312	$156	$78	2
Additional Codes-Physician Services		99222		15 Minutes	15	17	$1,343	$90	$79	1
Additional Codes-Physician Services		99223		Encounter	33	39	$3,167	$96	$81	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	33	132	$6,094	$185	$46	4
Additional Codes-Physician Services		99232		15 Minutes	39	179	$11,735	$301	$66	5
Additional Codes-Physician Services		99233		15 Minutes	34	100	$7,125	$210	$71	3
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$282	$141	$141	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	28	100	$39,043	$1,394	$390	4
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	355	366	$125,965	$355	$344	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	466	696	$251,985	$541	$362	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	215	280	$101,373	$472	$362	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	13	1,279	$90,039	$6,926	$70	98
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	11	316	$15,890	$1,445	$50	29

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	113	8,343	$661,912	$5,858	$79	74
Community Living Supports in Independent living/own home		H0043		Encounter	7	1,813	$303,460	$43,351	$167	259
Respite		H0045		Encounter	3	75	$4,500	$1,500	$60	25
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	19	75	$8,465	$446	$113	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	16	98	$11,060	$691	$113	6
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	58	195	$9,805	$169	$50	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	37	9,938	$64,356	$1,739	$6	269
Community Living Supports (15 Minutes)		H2015		Encounter	26	76,730	$300,162	$11,545	$4	2,951
Community Living Supports (Daily)		H2016		Encounter	9	2,177	$203,082	$22,565	$93	242
Community Living Supports (Daily)		H2016	TF	15 Minutes	10	2,894	$256,155	$25,616	$89	289
Community Living Supports (Daily)		H2016	TG	Per mile	21	4,524	$557,323	$26,539	$123	215
Behavior Services		H2019		Per mile	23	2,231	$104,705	$4,552	$47	97
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	48	4,876	$148,916	$3,102	$31	102
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	1	185	$601	$601	$3	185
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	1	1	$305	$305	$305	1
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	13	14	$13,204	$1,016	$943	1
Health Services		T1002		15 Minutes	3	27	$4,978	$1,659	$184	9
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	209	4,660	$348,883	$1,669	$75	22
Targeted Case Management		T1017		Per Diem	112	3,191	$153,326	$1,369	$48	28
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	38	673	$32,337	$851	$48	18
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	29	7,150	$132,118	$4,556	$18	247
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	10	2,485	$103,256	$10,326	$42	249
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	304	$3,404	$3,404	$11	304
Assessments		T1023		15 Minutes	194	248	$74,546	$384	$301	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	12	119	$14,455	$1,205	$121	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	35	0	$149,584	$4,274	$0	0
Total Population and Cost					**1,125**		**$7,162,463**			

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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		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	31	$12,677	$3,169	$409	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	105	915	$541,072	$5,153	$591	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			3	3	$1,263	$421	$421	1
Assessment		90792		Encounter	160	160	$64,996	$406	$406	1
Mental Health: Outpatient Care		90832		Encounter	119	195	$18,450	$155	$95	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	194	426	$67,211	$346	$158	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	173	502	$136,063	$786	$271	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	1	$176	$176	$176	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	11	58	$10,147	$922	$175	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	92	591	$40,570	$441	$69	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	1	1	$197	$197	$197	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	0	0	$0	$0	$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	2	4	$109	$55	$27	2
Established Patient Evaluation and Management		99212		Encounter	1	1	$143	$143	$143	1
Established Patient Evaluation and Management		99213		Encounter	318	1,221	$158,628	$499	$130	4
Established Patient Evaluation and Management		99214		15 Minutes	17	45	$6,418	$378	$143	3
Established Patient Evaluation and Management		99215		15 Minutes	1	1	$146	$146	$146	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	107	113	$11,525	$108	$102	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	33	105	$30,901	$936	$294	3
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	507	544	$150,371	$297	$276	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	443	785	$73,579	$166	$94	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	6	234	$12,399	$2,067	$53	39
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	$0	$0	$0	0

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	64	12,173	$914,612	$14,291	$75	190
Community Living Supports in Independent living/own home		H0043		Encounter	8	1,670	$409,537	$51,192	$245	209
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	403	2,088	$115,007	$285	$55	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	78	6,510	$38,698	$496	$6	83
Community Living Supports (15 Minutes)		H2015		Encounter	71	6,643	$57,996	$817	$9	94
Community Living Supports (Daily)		H2016		Encounter	3	224	$22,716	$7,572	$101	75
Community Living Supports (Daily)		H2016	TF	15 Minutes	13	2,484	$358,929	$27,610	$144	191
Community Living Supports (Daily)		H2016	TG	Per mile	6	761	$165,298	$27,550	$217	127
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	36	6,021	$112,949	$3,137	$19	167
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	18	186	$36,853	$2,047	$198	10
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	30	31	$3,073	$102	$99	1
Health Services		T1002		15 Minutes	45	1,154	$29,449	$654	$26	26
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	2	46	$3,171	$1,586	$69	23
Targeted Case Management		T1017		Per Diem	263	8,222	$790,757	$3,007	$96	31
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	15	2,045	$67,554	$4,504	$33	136
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	124	146	$20,713	$167	$142	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	3	0	$326	$109	$0	0
Total Population and Cost					**1,218**		**$4,484,679**			

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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	20	$10,120	$10,120	$506	20
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	22	249	$212,900	$9,677	$855	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	39	307	$244,045	$6,258	$795	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	9	$4,492	$4,492	$499	9
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			17	17	$4,776	$281	$281	1
Assessment		90792		Encounter	70	70	$46,166	$660	$660	1
Mental Health: Outpatient Care		90832		Encounter	181	282	$30,284	$167	$107	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	6	6	$391	$65	$65	1
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	567	2,090	$447,543	$789	$214	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	15	37	$7,069	$471	$191	2
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	481	1,889	$608,951	$1,266	$322	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	11	20	$6,317	$574	$316	2
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	1	1	$109	$109	$109	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	1	$214	$214	$214	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	29	56	$12,170	$420	$217	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	143	956	$101,934	$713	$107	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	21	79	$8,513	$405	$108	4
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	8	21	$4,569	$571	$218	3

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	21	328	$13,966	$665	$43	16
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	2	15	$352	$176	$23	8
Established Patient Evaluation and Management		99212		Encounter	199	337	$111,820	$562	$332	2
Established Patient Evaluation and Management		99213		Encounter	187	334	$107,916	$577	$323	2
Established Patient Evaluation and Management		99214		15 Minutes	2	5	$895	$448	$179	3
Established Patient Evaluation and Management		99215		15 Minutes	11	14	$5,985	$544	$427	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	1	1	$95	$95	$95	1
Additional Codes-Physician Services		99223		Encounter	2	2	$190	$95	$95	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	5	8	$700	$140	$87	2
Additional Codes-Physician Services		99232		15 Minutes	5	16	$1,520	$304	$95	3
Additional Codes-Physician Services		99233		15 Minutes	2	17	$1,615	$808	$95	9
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	1	59	$835	$835	$14	59
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	4	7	$751	$188	$107	2
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	18	18	$6,695	$372	$372	1
Assessment		H0002		Encounter	19	19	$5,008	$264	$264	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	6	69	$14,719	$2,453	$213	12
Crisis Residential Services		H0018		Encounter	1	2	$649	$649	$325	2
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	38	1,257	$51,458	$1,354	$41	33
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	659	702	$209,346	$318	$298	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	349	350	$98,789	$283	$282	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	23	558	$12,078	$525	$22	24

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$55,500	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	27	$1,128	$1,128	$42	27
Community Living Supports in Independent living/own home		H0043		Encounter	1	323	$42,159	$42,159	$131	323
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	10	43	$6,037	$604	$140	4
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	87	202	$33,871	$389	$168	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1	5,750	$11,900	$11,900	$2	5,750
Community Living Supports (15 Minutes)		H2015		Encounter	15	3,368	$58,326	$3,888	$17	225
Community Living Supports (Daily)		H2016		Encounter	1	365	$11,064	$11,064	$30	365
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	9	2,896	$374,945	$41,661	$129	322
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	0	0	$0	$0	$0	0
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	29	36	$2,869	$99	$80	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	1	8	$80	$80	$10	8
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	111	194	$33,635	$303	$173	2
Health Services		S9446		15 minutes	4	106	$6,971	$1,743	$66	27
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	3	4	$891	$297	$223	1
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	2	$250	$125	$125	1
Health Services		T1002		15 Minutes	98	111	$4,563	$47	$41	1
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	27	563	$157,487	$5,833	$280	21
Targeted Case Management		T1017		Per Diem	35	684	$192,692	$5,505	$282	20
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	4	1,241	$68,901	$17,225	$56	310
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	6	2,020	$168,450	$28,075	$83	337
Assessments		T1023		15 Minutes	44	51	$26,047	$592	$511	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	6	380	$9,652	$1,609	$25	63
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**959**		**$3,663,365**			

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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	5	968	$533,368	$106,674	$551	194
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	10	124	$87,870	$8,787	$709	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	327	2,480	$1,308,981	$4,003	$528	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			462	467	$178,135	$386	$381	1
Assessment		90792		Encounter	88	90	$13,700	$156	$152	1
Mental Health: Outpatient Care		90832		Encounter	468	710	$39,358	$84	$55	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	1,495	11,365	$832,806	$557	$73	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	521	2,420	$836,790	$1,606	$346	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	13	16	$1,196	$92	$75	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	270	1,326	$85,450	$316	$64	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	2	6	$1,292	$646	$215	3
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	157	1,071	$47,423	$302	$44	7
Physical Therapy		97001		First 30-74 Min.	3	3	$1,454	$485	$485	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$1,627	$542	$542	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	16	94	$2,456	$154	$26	6
Assessment or Health Services		97803		First Hour	17	68	$1,777	$105	$26	4
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	4	4	$691	$173	$173	1
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	$0	$0	$0	0

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New Patient Evaluation and Management		99204		Encounter	8	8	$2,073	$259	$259	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	4	4	$1,392	$348	$348	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	15	15	$625	$42	$42	1
Established Patient Evaluation and Management		99212		Encounter	181	234	$23,524	$130	$101	1
Established Patient Evaluation and Management		99213		Encounter	2,108	8,265	$702,801	$333	$85	4
Established Patient Evaluation and Management		99214		15 Minutes	688	1,274	$226,056	$329	$177	2
Established Patient Evaluation and Management		99215		15 Minutes	30	32	$9,178	$306	$287	1
Additional Codes-Physician Services		99221		15 Minutes	19	19	$1,483	$78	$78	1
Additional Codes-Physician Services		99222		15 Minutes	285	337	$38,250	$134	$114	1
Additional Codes-Physician Services		99223		Encounter	56	60	$6,517	$116	$109	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	242	1,056	$40,936	$169	$39	4
Additional Codes-Physician Services		99232		15 Minutes	300	1,008	$59,067	$197	$59	3
Additional Codes-Physician Services		99233		15 Minutes	118	175	$12,805	$109	$73	1
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	625	673	$67,955	$109	$101	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	40	205	$68,023	$1,701	$332	5
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,165	1,316	$226,295	$194	$172	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	1,262	1,461	$202,371	$160	$139	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	30	71	$8,120	$271	$114	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	54	4,619	$324,152	$6,003	$70	86
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	122	9,767	$89,786	$736	$9	80

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$58,181	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	97	10,018	$1,166,252	$12,023	$116	103
Community Living Supports in Independent living/own home		H0043		Encounter	27	7,705	$764,746	$28,324	$99	285
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	8	18	$2,140	$267	$119	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	12	76	$6,350	$529	$84	6
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	171	573	$46,236	$270	$81	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	137	188,856	$453,848	$3,313	$2	1,379
Community Living Supports (15 Minutes)		H2015		Encounter	95	53,766	$272,866	$2,872	$5	566
Community Living Supports (Daily)		H2016		Encounter	4	402	$11,128	$2,782	$28	101
Community Living Supports (Daily)		H2016	TF	15 Minutes	13	1,564	$85,482	$6,576	$55	120
Community Living Supports (Daily)		H2016	TG	Per mile	64	16,507	$1,710,177	$26,722	$104	258
Behavior Services		H2019		Per mile	9	1,524	$85,271	$9,475	$56	169
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	116	56,872	$299,300	$2,580	$5	490
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	130	95,075	$261,399	$2,011	$3	731
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	8	8	$690	$86	$86	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	1	2	$741	$741	$371	2
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	1	1	$118	$118	$118	1
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	16	32	$1,672	$105	$52	2
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	502	512	$169,391	$337	$331	1
Health Services		T1002		15 Minutes	99	1,325	$154,779	$1,563	$117	13
Respite Care		T1005		Encounter	2	2,338	$5,682	$2,841	$2	1,169
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	548	8,885	$857,147	$1,564	$96	16
Targeted Case Management		T1017		Per Diem	1,249	23,062	$1,821,395	$1,458	$79	18
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	30	348	$32,067	$1,069	$92	12
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	52	12,369	$201,184	$3,869	$16	238
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	21	4,290	$226,775	$10,799	$53	204
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	15	1,844	$39,339	$2,623	$21	123
Assessments		T1023		15 Minutes	497	659	$397,902	$801	$604	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	20	171	$3,252	$163	$19	9
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	4	38	$4,856	$1,214	$128	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$6,227	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$289,295	$0	$0	0
Total Population and Cost					**3,774**		**$15,521,673**			

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	13	1,497	$757,482	$58,268	$506	115
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	77	$62,476	$10,413	$811	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	180	1,943	$1,348,563	$7,492	$694	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			12	12	$2,559	$213	$213	1
Assessment		90792		Encounter	466	467	$151,325	$325	$324	1
Mental Health: Outpatient Care		90832		Encounter	398	706	$81,162	$204	$115	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	2	2	$110	$55	$55	1
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	947	2,959	$435,286	$460	$147	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	3	3	$403	$134	$134	1
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	1,003	3,953	$704,179	$702	$178	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	17	45	$7,851	$462	$174	3
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	1	$255	$255	$255	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	1	$104	$104	$104	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	174	1,173	$120,377	$692	$103	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	6	55	$2,872	$479	$52	9
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	7	7	$1,641	$234	$234	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	4	7	$1,586	$397	$227	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	188	2,017	$103,889	$553	$52	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$173	$173	$173	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	3	65	$1,160	$387	$18	22
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	1	18	$321	$321	$18	18
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	1	23	$411	$411	$18	23
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	2	18	$1,212	$606	$67	9
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	1	1	$47	$47	$47	1
New Patient Evaluation and Management		99202		Per Hour	1	1	$81	$81	$81	1
New Patient Evaluation and Management		99203		Per Hour	1	1	$272	$272	$272	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	1	1	$377	$377	$377	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	5	5	$1,289	$258	$258	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	153	169	$11,400	$75	$67	1
Established Patient Evaluation and Management		99212		Encounter	1,124	2,286	$225,988	$201	$99	2
Established Patient Evaluation and Management		99213		Encounter	1,073	2,257	$375,071	$350	$166	2
Established Patient Evaluation and Management		99214		15 Minutes	330	461	$99,691	$302	$216	1
Established Patient Evaluation and Management		99215		15 Minutes	115	129	$41,577	$362	$322	1
Additional Codes-Physician Services		99221		15 Minutes	4	4	$348	$87	$87	1
Additional Codes-Physician Services		99222		15 Minutes	121	148	$17,176	$142	$116	1
Additional Codes-Physician Services		99223		Encounter	13	14	$2,082	$160	$149	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	109	759	$31,465	$289	$41	7
Additional Codes-Physician Services		99232		15 Minutes	112	620	$41,710	$372	$67	6
Additional Codes-Physician Services		99233		15 Minutes	13	39	$3,074	$236	$79	3
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	8	44	$17,660	$2,208	$401	6
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,387	1,425	$350,650	$253	$246	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	11	12	$2,710	$246	$226	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	76	3,532	$48,431	$637	$14	46

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$582,159	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	60	7,872	$784,539	$13,076	$100	131
Community Living Supports in Independent living/own home		H0043		Encounter	40	8,533	$1,366,203	$34,155	$160	213
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	11	28	$7,926	$721	$283	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	5	$1,641	$547	$328	2
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	17	52	$2,014	$118	$39	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		Encounter	42	47,358	$192,130	$4,575	$4	1,128
Community Living Supports (Daily)		H2016		Encounter	93	18,523	$1,889,887	$20,321	$102	199
Community Living Supports (Daily)		H2016	TF	15 Minutes	21	1,603	$78,285	$3,728	$49	76
Community Living Supports (Daily)		H2016	TG	Per mile	35	2,699	$368,173	$10,519	$136	77
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	80	25,603	$314,193	$3,927	$12	320
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	58	52,753	$486,434	$8,387	$9	910
Home Based Services		H2033		Items	2	181	$14,691	$7,346	$81	91
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	1	1	$195	$195	$195	1
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	3	$720	$360	$240	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	3	10	$2,204	$735	$220	3
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		15 Minutes	3	22	$2,020	$673	$92	7
Respite Care		T1005		Encounter	2	3,336	$8,734	$4,367	$3	1,668
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	186	4,387	$707,696	$3,805	$161	24
Targeted Case Management		T1017		Per Diem	184	4,053	$365,110	$1,984	$90	22
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	6	45	$4,189	$698	$93	8
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	93	18,926	$1,141,126	$12,270	$60	204
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	19	1,436	$69,121	$3,638	$48	76
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	31	2,458	$231,532	$7,469	$94	79
Assessments		T1023		15 Minutes	885	1,208	$476,561	$538	$395	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	4	52	$8,311	$2,078	$160	13
Enhanced Medical Equipment-Supplies		T2028		Encounter	1	1	$411	$411	$411	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	39	0	$53,607	$1,375	$0	0
Total Population and Cost					**3,392**		**$14,216,309**			

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	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90832		Encounter	0	0	$0	$0	$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	0	0	$0	$0	$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	0	0	$0	$0	$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99214		15 Minutes	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		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
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	0	0	$0	$0	$0	0
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	0	0	$0	$0	$0	0
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	0	0	$0	$0	$0	0
Targeted Case Management		T1017		Per Diem	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		15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**0**		**$0**			

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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	8	1,608	$1,011,484	$126,435	$629	201
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	22	246	$132,849	$6,039	$540	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	403	2,782	$1,690,785	$4,195	$608	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	1	2	$263	$263	$132	2
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			386	387	$294,294	$762	$760	1
Assessment		90792		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90832		Encounter	758	1,470	$117,366	$155	$80	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	3	3	$960	$320	$320	1
Mental Health: Outpatient Care		90834		Encounter	1,299	4,599	$567,390	$437	$123	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	3	3	$1,741	$580	$580	1
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	2,075	12,656	$2,039,784	$983	$161	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	8	20	$3,167	$396	$158	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	9	138	$34,568	$3,841	$250	15
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	96	724	$41,083	$428	$57	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	10	10	$6,789	$679	$679	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	4	5	$1,133	$283	$227	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	201	1,806	$336,507	$1,674	$186	9
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	2	2	$291	$145	$145	1
New Patient Evaluation and Management		99202		Per Hour	3	3	$630	$210	$210	1
New Patient Evaluation and Management		99203		Per Hour	16	16	$5,139	$321	$321	1
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	$0	$0	$0	0

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New Patient Evaluation and Management		99204		Encounter	11	11	$5,114	$465	$465	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	66	66	$38,201	$579	$579	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	11	12	$940	$85	$78	1
Established Patient Evaluation and Management		99212		Encounter	233	307	$34,153	$147	$111	1
Established Patient Evaluation and Management		99213		Encounter	1,394	3,135	$595,080	$427	$190	2
Established Patient Evaluation and Management		99214		15 Minutes	1,477	3,696	$1,053,867	$714	$285	3
Established Patient Evaluation and Management		99215		15 Minutes	349	452	$208,504	$597	$461	1
Additional Codes-Physician Services		99221		15 Minutes	6	6	$520	$87	$87	1
Additional Codes-Physician Services		99222		15 Minutes	29	30	$3,670	$127	$122	1
Additional Codes-Physician Services		99223		Encounter	6	6	$906	$151	$151	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	19	141	$4,164	$219	$30	7
Additional Codes-Physician Services		99232		15 Minutes	27	188	$9,419	$349	$50	7
Additional Codes-Physician Services		99233		15 Minutes	3	4	$402	$134	$101	1
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	8	85	$29,842	$3,730	$351	11
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$3,085	$1,543	$1,543	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	50	175	$52,841	$1,057	$302	4
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	7	8	$2,254	$322	$282	1
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	2,605	2,994	$744,688	$286	$249	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	2,465	4,151	$541,604	$220	$130	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	2	$3,000	$3,000	$1,500	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	4	9	$1,996	$499	$222	2
Home Based Services		H0036		Encounter	75	4,287	$270,783	$3,610	$63	57
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	71	1,621	$49,844	$702	$31	23

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	162	18,795	$1,985,592	$12,257	$106	116
Community Living Supports in Independent living/own home		H0043		Encounter	1	138	$6,922	$6,922	$50	138
Respite		H0045		Encounter	48	1,330	$38,145	$795	$29	28
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	3	3	$91	$30	$30	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	611	3,136	$404,300	$662	$129	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	370	125,768	$395,725	$1,070	$3	340
Community Living Supports (15 Minutes)		H2015		Encounter	299	892,831	$2,116,079	$7,077	$2	2,986
Community Living Supports (Daily)		H2016		Encounter	10	2,230	$33,229	$3,323	$15	223
Community Living Supports (Daily)		H2016	TF	15 Minutes	16	2,808	$132,509	$8,282	$47	176
Community Living Supports (Daily)		H2016	TG	Per mile	101	18,492	$2,879,958	$28,514	$156	183
Behavior Services		H2019		Per mile	238	24,381	$516,864	$2,172	$21	102
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	2	28	$1,663	$832	$59	14
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	239	116,871	$879,924	$3,682	$8	489
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	114	77,397	$582,362	$5,108	$8	679
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	37	41	$6,908	$187	$168	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	2	57	$12,314	$6,157	$216	29
Family Training		S5111		Days	1	2	$559	$559	$280	2
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	19	162	$47,121	$2,480	$291	9

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	33	312	$186,758	$5,659	$599	9
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	74	925	$398,434	$5,384	$431	13
Health Services		S9446		15 minutes	4	6	$625	$156	$104	2
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	20	733	$19,956	$998	$27	37
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$321	$321	$321	1
Health Services		T1002		15 Minutes	153	482	$44,932	$294	$93	3
Respite Care		T1005		Encounter	3	2,648	$2,861	$954	$1	883
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	6	17	$2,918	$486	$172	3
Supports Coordination/Wrap Facilitation		T1016		Per Diem	459	7,761	$614,301	$1,338	$79	17
Targeted Case Management		T1017		Per Diem	1,049	34,278	$3,303,017	$3,149	$96	33
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	99	17,688	$212,774	$2,149	$12	179
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	22	3,688	$172,648	$7,848	$47	168
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	62	2,739	$307,278	$4,956	$112	44
Assessments		T1023		15 Minutes	701	949	$966,343	$1,379	$1,018	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	220	152,070	$93,361	$424	$1	691
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	1	189	$1,973	$1,973	$10	189
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	20	177	$11,862	$593	$67	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	21	155	$57,158	$2,722	$369	7
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	123	0	$551,068	$4,480	$0	0
Total Population and Cost					**4,995**		**$26,929,951**			

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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	4	371	$214,724	$53,681	$579	93
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	70	533	$402,202	$5,746	$755	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	1	23	$9,463	$9,463	$411	23
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			2	2	$1,885	$942	$942	1
Assessment		90792		Encounter	21	21	$34,103	$1,624	$1,624	1
Mental Health: Outpatient Care		90832		Encounter	96	284	$30,087	$313	$106	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	96	318	$55,794	$581	$175	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	137	669	$159,960	$1,168	$239	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	2	$895	$895	$447	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	1	$342	$342	$342	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	16	230	$73,279	$4,580	$319	14
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	6	6	$2,016	$336	$336	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	34	368	$111,434	$3,277	$303	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$741	$741	$741	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	7	7	$3,374	$482	$482	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	4	4	$3,278	$819	$819	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	281	792	$269,850	$960	$341	3
Established Patient Evaluation and Management		99214		15 Minutes	206	598	$318,867	$1,548	$533	3
Established Patient Evaluation and Management		99215		15 Minutes	27	33	$26,267	$973	$796	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	1	1	$578	$578	$578	1
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	1	1	$386	$386	$386	1
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	13	42	$10,125	$779	$241	3
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	15	15	$2,213	$148	$148	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	3	16	$7,900	$2,633	$494	5
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	130	137	$23,911	$184	$175	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	164	260	$66,234	$404	$255	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	14	416	$65,216	$4,658	$157	30
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	14	1,624	$27,492	$1,964	$17	116

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$56,522	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	32	11,546	$631,479	$19,734	$55	361
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	11	$1,435	$1,435	$130	11
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	184	1,484	$129,652	$705	$87	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	32	25,448	$113,902	$3,559	$4	795
Community Living Supports (15 Minutes)		H2015		Encounter	91	9,361	$146,647	$1,612	$16	103
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	2	115	$5,114	$2,557	$44	58
Community Living Supports (Daily)		H2016	TG	Per mile	51	5,549	$1,039,556	$20,383	$187	109
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	32	11,063	$39,295	$1,228	$4	346
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	36	41,438	$193,341	$5,371	$5	1,151
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	2	28	$1,225	$613	$44	14
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	220	$71,628	$71,628	$326	220
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	2	4	$82	$41	$20	2
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	1	2	$451	$451	$226	2
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	9	10	$10,108	$1,123	$1,011	1
Health Services		T1002		15 Minutes	30	95	$41,281	$1,376	$435	3
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	2	3	$233	$117	$78	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	192	1,205	$143,968	$750	$119	6
Targeted Case Management		T1017		Per Diem	87	1,961	$227,671	$2,617	$116	23
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	48	5,335	$67,289	$1,402	$13	111
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	1	31	$1,271	$1,271	$41	31
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	134	159	$170,961	$1,276	$1,075	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	9	84	$1,717	$191	$20	9
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	32	0	$219,923	$6,873	$0	0
Total Population and Cost					**692**		**$5,237,365**			

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	176	20,742	$9,824,787	$55,823	$474	118
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3,013	30,211	$15,729,199	$5,220	$521	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	2,526	20,792	$9,686,740	$3,835	$466	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	1,502	2,179	$564,620	$376	$259	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	180	1,721	$245,283	$1,363	$143	10
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	490	592	$17,304	$35	$29	1
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	1	1	$87	$87	$87	1
Assessment		90791			8,069	11,252	$2,268,950	$281	$202	1
Assessment		90792		Encounter	13,854	17,317	$4,825,663	$348	$279	1
Mental Health: Outpatient Care		90832		Encounter	12,576	34,671	$2,539,906	$202	$73	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	27	41	$5,125	$190	$125	2
Mental Health: Outpatient Care		90834		Encounter	7,984	20,607	$2,724,241	$341	$132	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	5	5	$850	$170	$170	1
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	6,780	24,719	$4,614,675	$681	$187	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	2	2	$694	$347	$347	1
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	67	144	$12,427	$185	$86	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	4	5	$242	$60	$48	1
Therapy-Family Therapy		90846		Encounter 75-80 Min	147	699	$65,815	$448	$94	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	248	703	$76,502	$308	$109	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	3,193	28,598	$1,799,441	$564	$63	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	1	34	$30,600	$30,600	$900	34
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	605	1,214	$40,008	$66	$33	2
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	252	398	$133,647	$530	$336	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	3	4	$294	$98	$74	1

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	121	175	$26,370	$218	$151	1
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	4	12	$1,070	$268	$89	3
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	3,493	99,138	$2,690,734	$770	$27	28
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	24	25	$11,335	$472	$453	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	2	7	$202	$101	$29	4
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	134	3,605	$136,331	$1,017	$38	27
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	7	73	$2,224	$318	$30	10
Assessment or Health Services		97803		First Hour	10	511	$15,570	$1,557	$30	51
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	206	373	$23,240	$113	$62	2
New Patient Evaluation and Management		99202		Per Hour	89	109	$7,836	$88	$72	1
New Patient Evaluation and Management		99203		Per Hour	26	26	$3,560	$137	$137	1
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	$0	$0	$0	0

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New Patient Evaluation and Management		99204		Encounter	1	1	$139	$139	$139	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	126	127	$23,495	$186	$185	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	3,616	7,027	$540,660	$150	$77	2
Established Patient Evaluation and Management		99212		Encounter	6,229	14,920	$1,258,009	$202	$84	2
Established Patient Evaluation and Management		99213		Encounter	22,506	86,554	$9,608,327	$427	$111	4
Established Patient Evaluation and Management		99214		15 Minutes	941	2,090	$350,866	$373	$168	2
Established Patient Evaluation and Management		99215		15 Minutes	199	329	$57,498	$289	$175	2
Additional Codes-Physician Services		99221		15 Minutes	117	122	$10,361	$89	$85	1
Additional Codes-Physician Services		99222		15 Minutes	43	44	$3,612	$84	$82	1
Additional Codes-Physician Services		99223		Encounter	309	340	$40,062	$130	$118	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	662	1,600	$129,264	$195	$81	2
Additional Codes-Physician Services		99232		15 Minutes	344	948	$78,428	$228	$83	3
Additional Codes-Physician Services		99233		15 Minutes	375	1,668	$176,859	$472	$106	4
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	30	69	$9,513	$317	$138	2
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

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Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	144	1,863	$14,844	$103	$8	13
Transportation		A0130		Encounter	96	99	$3,585	$37	$36	1
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	495	12,098	$59,212	$120	$5	24
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	4	11	$1,076	$269	$98	3
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	10,061	12,028	$1,450,224	$144	$121	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	131	887	$332,625	$2,539	$375	7
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	266	18,046	$1,091,262	$4,102	$60	68
Prevention Services - Direct Model		H0025		Encounter	1	1	$20	$20	$20	1
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	27,672	40,136	$7,685,758	$278	$191	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	25,469	46,437	$6,847,938	$269	$147	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2,171	3,038	$678,055	$312	$223	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	38	69	$3,847	$101	$56	2
Home Based Services		H0036		Encounter	223	26,811	$2,285,680	$10,250	$85	120
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	8,388	367,831	$3,710,246	$442	$10	44

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	844	226,352	$9,821,720	$11,637	$43	268
Community Living Supports in Independent living/own home		H0043		Encounter	431	91,924	$4,607,404	$10,690	$50	213
Respite		H0045		Encounter	23	954	$35,079	$1,525	$37	41
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	12	37	$4,404	$367	$119	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	3	$205	$68	$68	1
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	4,544	159,204	$2,376,101	$523	$15	35
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1,127	441,792	$2,363,838	$2,097	$5	392
Community Living Supports (15 Minutes)		H2015		Encounter	1,204	602,456	$2,072,866	$1,722	$3	500
Community Living Supports (Daily)		H2016		Encounter	415	91,686	$3,827,117	$9,222	$42	221
Community Living Supports (Daily)		H2016	TF	15 Minutes	339	21,478	$1,609,298	$4,747	$75	63
Community Living Supports (Daily)		H2016	TG	Per mile	1,756	401,335	$19,025,645	$10,835	$47	229
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	5	213	$21,592	$4,318	$101	43
Wraparound (SED Waiver)		H2022		Per one-way trip	1	45	$4,410	$4,410	$98	45
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	779	103,874	$1,052,958	$1,352	$10	133
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	1,168	1,358,078	$6,801,094	$5,823	$5	1,163
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	4,834	11,624	$771,906	$160	$66	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	1	8	$374	$374	$47	8
Family Training		S5111		Days	1	1	$125	$125	$125	1
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	1	1	$178	$178	$178	1

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	8,659	22,001	$1,559,686	$180	$71	3
Health Services		S9446		15 minutes	406	2,266	$108,956	$268	$48	6
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	81	186	$56,347	$696	$303	2
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	13,196	15,703	$1,792,292	$136	$114	1
Health Services		T1002		15 Minutes	2,408	5,710	$316,691	$132	$55	2
Respite Care		T1005		Encounter	1	1,158	$7,915	$7,915	$7	1,158
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	2	3	$376	$188	$125	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	1,140	3,624	$226,452	$199	$62	3
Targeted Case Management		T1017		Per Diem	26,245	644,632	$31,358,548	$1,195	$49	25
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	574	3,181	$171,268	$298	$54	6
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	258	48,670	$1,458,195	$5,652	$30	189
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	272	11,312	$755,910	$2,779	$67	42
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1,611	408,199	$14,085,826	$8,744	$35	253
Assessments		T1023		15 Minutes	251	302	$63,538	$253	$210	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	166	646	$69,911	$421	$108	4
Transportation		T2001		15 minutes	14	101	$1,515	$108	$15	7
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	2,374	3,992	$339,381	$143	$85	2
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	97	108	$248,217	$2,559	$2,298	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**46,179**		**$201,594,374**			

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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	46	10,942	$5,775,438	$125,553	$528	238
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	277	2,489	$1,622,906	$5,859	$652	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1,095	13,480	$10,342,477	$9,445	$767	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	162	1,302	$349,531	$2,158	$268	8
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	81	226	$2,357	$29	$10	3
Assessment		90791			619	628	$178,517	$288	$284	1
Assessment		90792		Encounter	383	388	$73,003	$191	$188	1
Mental Health: Outpatient Care		90832		Encounter	465	664	$34,906	$75	$53	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	3	3	$1,077	$359	$359	1
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	897	2,812	$372,221	$415	$132	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	13	13	$658	$51	$51	1
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	1,100	4,365	$433,680	$394	$99	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	5	5	$580	$116	$116	1
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	3	7	$553	$184	$79	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	39	270	$26,586	$682	$98	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	2	16	$20,490	$10,245	$1,281	8
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	3	$983	$983	$328	3
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	552	5,313	$803,225	$1,455	$151	10
Physical Therapy		97001		First 30-74 Min.	4	4	$1,144	$286	$286	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	6	6	$1,775	$296	$296	1
Occupational Therapy		97004		Encounter	4	4	$1,168	$292	$292	1
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	18	57	$16,007	$889	$281	3
Assessment or Health Services		97803		First Hour	11	30	$8,682	$789	$289	3
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	2	2	$131	$65	$65	1
New Patient Evaluation and Management		99202		Per Hour	8	8	$498	$62	$62	1
New Patient Evaluation and Management		99203		Per Hour	3	3	$274	$91	$91	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	1	1	$158	$158	$158	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	72	414	$230,431	$3,200	$557	6
Established Patient Evaluation and Management		99212		Encounter	439	625	$55,155	$126	$88	1
Established Patient Evaluation and Management		99213		Encounter	3,281	8,745	$621,215	$189	$71	3
Established Patient Evaluation and Management		99214		15 Minutes	1,313	2,431	$392,883	$299	$162	2
Established Patient Evaluation and Management		99215		15 Minutes	582	961	$240,000	$412	$250	2
Additional Codes-Physician Services		99221		15 Minutes	18	18	$843	$47	$47	1
Additional Codes-Physician Services		99222		15 Minutes	75	79	$5,705	$76	$72	1
Additional Codes-Physician Services		99223		Encounter	1	1	$121	$121	$121	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	38	214	$4,905	$129	$23	6
Additional Codes-Physician Services		99232		15 Minutes	72	293	$10,314	$143	$35	4
Additional Codes-Physician Services		99233		15 Minutes	9	11	$531	$59	$48	1
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	1	1	$89	$89	$89	1
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	1	1	$89	$89	$89	1
Medication Administration		99506		15 Minutes	18	92	$14,371	$798	$156	5
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	51	2,015	$9,365	$184	$5	40
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	33	222	$12,477	$378	$56	7
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2,268	2,722	$527,458	$233	$194	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	448	2,287	$793,119	$1,770	$347	5
Substance Abuse: Residential	1002	H0018		Encounter	2	4	$1,466	$733	$367	2
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	53	4,177	$102,940	$1,942	$25	79
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,244	1,295	$166,471	$134	$129	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	89	114	$39,487	$444	$346	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	136	715	$200,587	$1,475	$281	5
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	1	1	$120	$120	$120	1
Home Based Services		H0036		Encounter	1	13	$668	$668	$51	13
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	410	6,298	$370,022	$902	$59	15

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	248	53,526	$3,492,343	$14,082	$65	216
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	606	1,709	$886,981	$1,464	$519	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	152	276,770	$710,131	$4,672	$3	1,821
Community Living Supports (15 Minutes)		H2015		Encounter	106	54,778	$327,375	$3,088	$6	517
Community Living Supports (Daily)		H2016		Encounter	10	2,321	$72,599	$7,260	$31	232
Community Living Supports (Daily)		H2016	TF	15 Minutes	40	8,123	$473,303	$11,833	$58	203
Community Living Supports (Daily)		H2016	TG	Per mile	109	29,498	$4,166,479	$38,225	$141	271
Behavior Services		H2019		Per mile	76	10,526	$498,100	$6,554	$47	139
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	44	20,161	$143,590	$3,263	$7	458
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	146	172,024	$847,223	$5,803	$5	1,178
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	340	360	$21,871	$64	$61	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	28	431	$15,927	$569	$37	15
Family Training		S5111		Days	1	1	$207	$207	$207	1
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	54	83	$5,224	$97	$63	2
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	4	5	$1,424	$356	$285	1
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	369	4,395	$744,942	$2,019	$169	12
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	147	155	$22,931	$156	$148	1
Health Services		T1002		15 Minutes	418	1,999	$224,817	$538	$112	5
Respite Care		T1005		Encounter	25	16,381	$68,612	$2,744	$4	655
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	58	128	$6,893	$119	$54	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	1,229	28,562	$1,578,356	$1,284	$55	23
Targeted Case Management		T1017		Per Diem	3,661	182,604	$9,850,505	$2,691	$54	50
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	3	35	$3,109	$1,036	$89	12
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	5	573	$12,512	$2,502	$22	115
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	24	3,180	$166,768	$6,949	$52	133
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	30	6,005	$659,164	$21,972	$110	200
Assessments		T1023		15 Minutes	45	47	$13,178	$293	$280	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	1	1	$213	$213	$213	1
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

Adults with Mental Illness SUB-ELEMENT COST REPORT: Fiscal Year 2014

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2003		15 Minutes	120	26,436	$286,179	$2,385	$11	220
Substance Abuse Services: Transportation		T2003		Hour	20	47	$615	$31	$13	2
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	6	55	$6,536	$1,089	$119	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	137	721	$2,403	$18	$3	5
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	2	2	$1,014	$507	$507	1
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	404	0	$60,028	$149	$0	0
Aggregate for 'J' Codes		ALL		Service	293	0	$1,897,211	$6,475	$0	0
Total Population and Cost					**7,729**		**$51,138,619**			

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	2	364	$248,163	$124,082	$682	182
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	28	222	$159,729	$5,705	$720	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	7	7	$9,829	$1,404	$1,404	1
Mental Health: Outpatient Care		90832		Encounter	6	9	$1,985	$331	$221	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	10	26	$8,754	$875	$337	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	21	115	$51,713	$2,463	$450	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	2	$485	$485	$242	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	4	$260	$260	$65	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	19	196	$21,433	$1,128	$109	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	2	2	$661	$331	$331	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	9	126	$21,289	$2,365	$169	14
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	29	73	$12,046	$415	$165	3
Established Patient Evaluation and Management		99213		Encounter	75	410	$154,730	$2,063	$377	5
Established Patient Evaluation and Management		99214		15 Minutes	2	5	$1,520	$760	$304	3
Established Patient Evaluation and Management		99215		15 Minutes	5	5	$2,787	$557	$557	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	5	23	$2,242	$448	$97	5
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	15	15	$7,960	$531	$531	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	1	9	$5,236	$5,236	$582	9
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	36	1,588	$99,996	$2,778	$63	44
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	44	53	$30,003	$682	$566	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	39	50	$15,451	$396	$309	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	8	1,724	$120,939	$15,117	$70	216
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	14	925	$34,299	$2,450	$37	66

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	28	4,296	$324,379	$11,585	$76	153
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	115	799	$21,709	$189	$27	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1	8	$23	$23	$3	8
Community Living Supports (15 Minutes)		H2015		Encounter	50	3,121	$54,774	$1,095	$18	62
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	6	1,299	$187,563	$31,260	$144	217
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	6	1,138	$20,086	$3,348	$18	190
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	3	22	$967	$322	$44	7
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	1	6	$650	$650	$108	6
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	2	$657	$329	$329	1
Health Services		T1002		15 Minutes	1	2	$171	$171	$85	2
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	4	4	$352	$88	$88	1
Supports Coordination/Wrap Facilitation		T1016		Per Diem	60	2,267	$148,058	$2,468	$65	38
Targeted Case Management		T1017		Per Diem	72	3,447	$227,226	$3,156	$66	48
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	2	245	$6,071	$3,036	$25	123
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	4	728	$28,035	$7,009	$39	182
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	326	$47,997	$23,998	$147	163
Assessments		T1023		15 Minutes	42	54	$17,252	$411	$319	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$58,175	$0	$0	0
Total Population and Cost					**269**		**$2,155,655**			

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	1	365	$175,200	$175,200	$480	365
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	12	103	$79,021	$6,585	$767	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	64	432	$358,138	$5,596	$829	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	41	216	$94,884	$2,314	$439	5
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	95	95	$27,073	$285	$285	1
Mental Health: Outpatient Care		90832		Encounter	48	77	$8,552	$178	$111	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	186	1,207	$167,803	$902	$139	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	245	1,774	$503,539	$2,055	$284	7
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	15	21	$5,956	$397	$284	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	5	$916	$458	$183	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	11	61	$8,290	$754	$136	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	11	139	$4,817	$438	$35	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	4	$927	$927	$232	4
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	22	261	$17,781	$808	$68	12
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	1	6	$1,049	$1,049	$175	6
Assessment or Health Services		97803		First Hour	1	6	$377	$377	$63	6
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	145	397	$32,361	$223	$82	3
Established Patient Evaluation and Management		99214		15 Minutes	240	647	$79,286	$330	$123	3
Established Patient Evaluation and Management		99215		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221		15 Minutes	1	1	$107	$107	$107	1
Additional Codes-Physician Services		99222		15 Minutes	6	6	$2,406	$401	$401	1
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	4	$2,779	$2,779	$695	4
Additional Codes-Physician Services		99232		15 Minutes	8	38	$17,590	$2,199	$463	5
Additional Codes-Physician Services		99233		15 Minutes	5	18	$4,449	$890	$247	4
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	5	27	$6,359	$1,272	$236	5
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	249	266	$700,013	$2,811	$2,632	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	346	375	$82,080	$237	$219	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	151	156	$32,791	$217	$210	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	60	4,075	$156,935	$2,616	$39	68
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	68	5,087	$159,324	$2,343	$31	75

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	161	1,130	$52,171	$324	$46	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	13	226	$817	$63	$4	17
Community Living Supports (15 Minutes)		H2015		Encounter	52	37,586	$375,547	$7,222	$10	723
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	1	46	$4,322	$4,322	$94	46
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	72	3,991	$90,315	$1,254	$23	55
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	22	260	$74,532	$3,388	$287	12
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	6	69	$741	$124	$11	12
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$382	$382	$382	1
Health Services		T1002		15 Minutes	477	2,641	$317,738	$666	$120	6
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	2	116	$268	$134	$2	58
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	35	627	$26,662	$762	$43	18
Targeted Case Management		T1017		Per Diem	439	16,617	$623,484	$1,420	$38	38
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	3	26	$1,513	$504	$58	9
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	5	299	$4,908	$982	$16	60
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	194	248	$59,019	$304	$238	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	1	1	$8	$8	$8	1
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	7	$854	$854	$122	7
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**1,111**		**$4,364,084**			

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	4	503	$0	$0	$0	126
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	76	691	$497,112	$6,541	$719	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	1	1	$524	$524	$524	1
Assessment		90791			1	1	$946	$946	$946	1
Assessment		90792		Encounter	2	2	$1,217	$608	$608	1
Mental Health: Outpatient Care		90832		Encounter	59	99	$6,089	$103	$62	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	98	202	$20,410	$208	$101	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	193	953	$126,942	$658	$133	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	1	$123	$123	$123	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	40	529	$100,911	$2,523	$191	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	3	13	$6,197	$2,066	$477	4
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	35	665	$191,134	$5,461	$287	19
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	1	1	$270	$270	$270	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	15	15	$7,437	$496	$496	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	74	74	$48,631	$657	$657	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	3	4	$601	$200	$150	1
Established Patient Evaluation and Management		99213		Encounter	284	993	$154,462	$544	$156	3
Established Patient Evaluation and Management		99214		15 Minutes	188	427	$109,021	$580	$255	2
Established Patient Evaluation and Management		99215		15 Minutes	31	37	$18,431	$595	$498	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	7	16	$2,644	$378	$165	2
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	32	32	$4,545	$142	$142	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	14	150	$70,532	$5,038	$470	11
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	4	130	$15,375	$3,844	$118	33
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	198	236	$42,138	$213	$179	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	203	416	$82,618	$407	$199	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	9	15	$2,839	$315	$189	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	5	177	$61,049	$12,210	$345	35
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	45	4,549	$135,179	$3,004	$30	101

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	41	7,434	$487,513	$11,891	$66	181
Community Living Supports in Independent living/own home		H0043		Encounter	1	365	$160,877	$160,877	$441	365
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	1	$134	$134	$134	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	2	$633	$633	$316	2
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	345	2,294	$179,918	$522	$78	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	7	7,086	$26,714	$3,816	$4	1,012
Community Living Supports (15 Minutes)		H2015		Encounter	28	11,817	$43,487	$1,553	$4	422
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	21	5,915	$1,237,773	$58,942	$209	282
Behavior Services		H2019		Per mile	1	10	$330	$330	$33	10
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	10	1,611	$22,328	$2,233	$14	161
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	1	1	$478	$478	$478	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	1	4	$853	$853	$213	4
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			1	14	$4,127	$4,127	$295	14
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$1,319	$1,319	$1,319	1
Health Services		T1002		15 Minutes	3	17	$5,402	$1,801	$318	6
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	112	2,082	$161,730	$1,444	$78	19
Targeted Case Management		T1017		Per Diem	87	2,862	$221,163	$2,542	$77	33
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	19	5,423	$73,807	$3,885	$14	285
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	184	254	$180,000	$978	$709	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	5	51	$19,300	$3,860	$378	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**795**		**$4,535,261**			

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		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	41	$19,659	$3,932	$479	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	65	620	$353,582	$5,440	$570	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			55	55	$12,744	$232	$232	1
Assessment		90792		Encounter	2	2	$18	$9	$9	1
Mental Health: Outpatient Care		90832		Encounter	67	116	$11,753	$175	$101	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	226	1,160	$245,461	$1,086	$212	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	107	375	$104,680	$978	$279	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	1	$291	$291	$291	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	42	323	$121,137	$2,884	$375	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	3	15	$235	$78	$16	5
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	53	488	$33,070	$624	$68	9
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	9	9	$1,663	$185	$185	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	323	1,088	$95,078	$294	$87	3
Established Patient Evaluation and Management		99214		15 Minutes	109	170	$20,763	$190	$122	2
Established Patient Evaluation and Management		99215		15 Minutes	3	3	$547	$182	$182	1
Additional Codes-Physician Services		99221		15 Minutes	4	4	$267	$67	$67	1
Additional Codes-Physician Services		99222		15 Minutes	37	41	$4,811	$130	$117	1
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	33	177	$6,054	$183	$34	5
Additional Codes-Physician Services		99232		15 Minutes	36	204	$9,104	$253	$45	6
Additional Codes-Physician Services		99233		15 Minutes	9	11	$483	$54	$44	1
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$460	$460	$460	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	3	45	$14,237	$4,746	$316	15
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	219	237	$80,130	$366	$338	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	298	464	$51,026	$171	$110	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	1	$63	$63	$63	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	182	236	$30,735	$169	$130	1
Home Based Services		H0036		Encounter	19	3,338	$196,860	$10,361	$59	176
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	51	2,107	$267,302	$5,241	$127	41

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$174,631	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	64	15,156	$981,328	$15,333	$65	237
Community Living Supports in Independent living/own home		H0043		Encounter	3	18	$1,595	$532	$89	6
Respite		H0045		Encounter	2	12	$1,695	$848	$141	6
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	5	13	$1,874	$375	$144	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	2	9	$1,113	$557	$124	5
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	39	135	$23,719	$608	$176	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	14	7,719	$29,262	$2,090	$4	551
Community Living Supports (15 Minutes)		H2015		Encounter	75	37,164	$130,639	$1,742	$4	496
Community Living Supports (Daily)		H2016		Encounter	4	1,169	$24,162	$6,041	$21	292
Community Living Supports (Daily)		H2016	TF	15 Minutes	1	38	$1,570	$1,570	$41	38
Community Living Supports (Daily)		H2016	TG	Per mile	4	1,057	$128,087	$32,022	$121	264
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	34	43,426	$235,168	$6,917	$5	1,277
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$395	$395	$395	1
Health Services		T1002		15 Minutes	6	85	$6,564	$1,094	$77	14
Respite Care		T1005		Encounter	7	3,449	$10,374	$1,482	$3	493
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	2	2	$496	$248	$248	1
Supports Coordination/Wrap Facilitation		T1016		Per Diem	40	1,475	$68,760	$1,719	$47	37
Targeted Case Management		T1017		Per Diem	163	7,559	$450,036	$2,761	$60	46
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	3	70	$4,471	$1,490	$64	23
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	6	1,183	$8,840	$1,473	$7	197
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	2	461	$125,859	$62,930	$273	231
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	582	$134,135	$67,068	$230	291
Assessments		T1023		15 Minutes	181	253	$127,752	$706	$505	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	25	213	$18,858	$754	$89	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	12	0	$1,324	$110	$0	0
Total Population and Cost					**684**		**$4,374,921**			

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	1	24	$12,144	$12,144	$506	24
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	40	$11,017	$3,672	$275	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	64	798	$373,205	$5,831	$468	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	67	89	$87,870	$1,311	$987	1
Mental Health: Outpatient Care		90832		Encounter	137	217	$10,915	$80	$50	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	248	908	$91,347	$368	$101	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	357	1,952	$294,563	$825	$151	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	8	37	$4,372	$546	$118	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	15	31	$2,611	$174	$84	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	220	2,043	$76,476	$348	$37	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	6	18	$1,979	$330	$110	3
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	64	633	$142,678	$2,229	$225	10
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	1	4	$421	$421	$105	4
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	48	85	$34,404	$717	$405	2
Established Patient Evaluation and Management		99214		15 Minutes	542	1,560	$631,407	$1,165	$405	3
Established Patient Evaluation and Management		99215		15 Minutes	145	426	$172,423	$1,189	$405	3
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	488	609	$101,161	$207	$166	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	1	3	$1,418	$1,418	$473	3
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	8	10	$526	$66	$53	1
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	274	389	$50,966	$186	$131	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	394	719	$56,355	$143	$78	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	29	746	$52,360	$1,806	$70	26
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	95	9,365	$284,833	$2,998	$30	99

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$64,454	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	9	363	$58,600	$6,511	$161	40
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	30	168	$8,647	$288	$51	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	5	778	$20,022	$4,004	$26	156
Community Living Supports (15 Minutes)		H2015		Encounter	28	5,043	$41,295	$1,475	$8	180
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	5	735	$131,893	$26,379	$179	147
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	14	1,909	$53,595	$3,828	$28	136
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	38	85	$34,404	$905	$405	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	18	439	$92,951	$5,164	$212	24
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	1	3	$124	$124	$41	3
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	26	36	$2,190	$84	$61	1
Health Services		T1002		15 Minutes	18	44	$1,699	$94	$39	2
Respite Care		T1005		Encounter	5	1,211	$8,500	$1,700	$7	242
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	156	1,139	$70,617	$453	$62	7
Targeted Case Management		T1017		Per Diem	543	13,215	$819,317	$1,509	$62	24
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	5	735	$6,595	$1,319	$9	147
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	87	153	$89,644	$1,030	$586	2
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	3	3	$439	$146	$146	1
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**1,053**		**$4,000,433**			

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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	22	3,375	$1,705,662	$77,530	$505	153
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	15	151	$98,815	$6,588	$654	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	325	2,882	$1,948,776	$5,996	$676	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			131	133	$19,749	$151	$148	1
Assessment		90792		Encounter	513	519	$379,360	$739	$731	1
Mental Health: Outpatient Care		90832		Encounter	7	8	$176	$25	$22	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	230	1,769	$121,283	$527	$69	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	90	649	$38,733	$430	$60	7
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	2	24	$1,912	$956	$80	12
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	32	421	$14,398	$450	$34	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	1	2	$308	$308	$154	2
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	0	0	$0	$0	$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	2	2	$193	$97	$97	1
New Patient Evaluation and Management		99202		Per Hour	8	8	$1,545	$193	$193	1
New Patient Evaluation and Management		99203		Per Hour	26	26	$8,737	$336	$336	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	27	27	$12,933	$479	$479	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	42	42	$25,828	$615	$615	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	83	721	$36,137	$435	$50	9
Established Patient Evaluation and Management		99212		Encounter	164	249	$23,466	$143	$94	2
Established Patient Evaluation and Management		99213		Encounter	745	1,532	$177,929	$239	$116	2
Established Patient Evaluation and Management		99214		15 Minutes	1,319	3,896	$752,929	$571	$193	3
Established Patient Evaluation and Management		99215		15 Minutes	420	722	$336,595	$801	$466	2
Additional Codes-Physician Services		99221		15 Minutes	32	35	$2,515	$79	$72	1
Additional Codes-Physician Services		99222		15 Minutes	68	74	$6,349	$93	$86	1
Additional Codes-Physician Services		99223		Encounter	181	214	$19,574	$108	$91	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	317	1,083	$62,470	$197	$58	3
Additional Codes-Physician Services		99232		15 Minutes	313	1,310	$75,543	$241	$58	4
Additional Codes-Physician Services		99233		15 Minutes	290	888	$52,959	$183	$60	3
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	1	1	$24	$24	$24	1
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	8	824	$5,296	$662	$6	103
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	612	711	$70,745	$116	$100	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	207	1,632	$688,759	$3,327	$422	8
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	150	154	$23,209	$155	$151	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	430	579	$133,022	$309	$230	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	183	9,057	$351,750	$1,922	$39	49

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$215,189	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	296	63,351	$1,406,533	$4,752	$22	214
Community Living Supports in Independent living/own home		H0043		Encounter	85	25,189	$622,688	$7,326	$25	296
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	253	22,075	$617,265	$2,440	$28	87
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	45	160	$2,549	$57	$16	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	263	574	$47,823	$182	$83	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	28	39,424	$112,425	$4,015	$3	1,408
Community Living Supports (15 Minutes)		H2015		Encounter	123	27,451	$124,458	$1,012	$5	223
Community Living Supports (Daily)		H2016		Encounter	16	2,415	$295,990	$18,499	$123	151
Community Living Supports (Daily)		H2016	TF	15 Minutes	90	24,607	$2,372,083	$26,356	$96	273
Community Living Supports (Daily)		H2016	TG	Per mile	68	16,149	$1,633,459	$24,021	$101	237
Behavior Services		H2019		Per mile	61	7,774	$115,869	$1,899	$15	127
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	183	25,810	$349,115	$1,908	$14	141
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	136	108,351	$493,626	$3,630	$5	797
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	41	73	$6,902	$168	$95	2
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		15 Minutes	639	7,997	$237,075	$371	$30	13
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	1	58	$0	$0	$0	58
Targeted Case Management		T1017		Per Diem	1,210	111,608	$3,319,329	$2,743	$30	92
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	29	742	$16,426	$566	$22	26
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	24	4,865	$154,373	$6,432	$32	203
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	100	26,975	$1,844,104	$18,441	$68	270
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	32	7,349	$731,698	$22,866	$100	230
Assessments		T1023		15 Minutes	605	842	$280,351	$463	$333	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	9	65	$6,719	$747	$103	7
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	71	0	$277,624	$3,910	$0	0
Total Population and Cost					**3,284**		**$22,481,353**			

Lapeer

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	2	275	$245,808	$122,904	$894	138
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	18	142	$92,917	$5,162	$654	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	98	884	$578,444	$5,902	$654	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	1	4	$1,000	$1,000	$250	4
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Interactive Complexity - Add On Code		90785		Per Screen	11	11	$1,296	$118	$118	1
Assessment		90791			17	17	$6,336	$373	$373	1
Assessment		90792		Encounter	120	120	$47,555	$396	$396	1
Mental Health: Outpatient Care		90832		Encounter	136	245	$13,811	$102	$56	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	423	4,088	$435,234	$1,029	$106	10
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	78	377	$54,199	$695	$144	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	1	1	$82	$82	$82	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	14	$1,041	$520	$74	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	31	78	$6,329	$204	$81	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	42	470	$32,561	$775	$69	11
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	15	52	$35,198	$2,347	$677	3
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	33	369	$13,143	$398	$36	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	126	168	$10,493	$83	$62	1
Established Patient Evaluation and Management		99212		Encounter	263	430	$40,951	$156	$95	2
Established Patient Evaluation and Management		99213		Encounter	326	618	$90,500	$278	$146	2
Established Patient Evaluation and Management		99214		15 Minutes	218	455	$108,945	$500	$239	2
Established Patient Evaluation and Management		99215		15 Minutes	95	157	$60,196	$634	$383	2
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	21	148	$41,067	$1,956	$277	7
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	489	520	$98,908	$202	$190	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	419	588	$69,986	$167	$119	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	266	476	$49,150	$185	$103	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	14	15	$3,297	$236	$220	1
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	252	2,662	$104,342	$414	$39	11

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$77,302	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	54	18,412	$550,519	$10,195	$30	341
Community Living Supports in Independent living/own home		H0043		Encounter	18	5,021	$283,527	$15,752	$56	279
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	3	10	$1,593	$531	$159	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	54	127	$4,794	$89	$38	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	60	35,118	$169,866	$2,831	$5	585
Community Living Supports (15 Minutes)		H2015		Encounter	56	4,366	$16,695	$298	$4	78
Community Living Supports (Daily)		H2016		Encounter	4	912	$32,120	$8,030	$35	228
Community Living Supports (Daily)		H2016	TF	15 Minutes	6	2,039	$81,126	$13,521	$40	340
Community Living Supports (Daily)		H2016	TG	Per mile	21	5,127	$756,233	$36,011	$148	244
Behavior Services		H2019		Per mile	26	3,608	$129,268	$4,972	$36	139
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	9	27	$69	$8	$3	3
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	45	104,882	$645,353	$14,341	$6	2,331
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	10	29	$14,060	$1,406	$485	3
Health Services		S9446		15 minutes	12	46	$5,843	$487	$127	4
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	20	51	$7,628	$381	$150	3
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	3	3	$389	$130	$130	1
Health Services		T1002		15 Minutes	505	1,786	$76,487	$151	$43	4
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	225	8,859	$546,335	$2,428	$62	39
Targeted Case Management		T1017		Per Diem	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		15 Minutes	29	7,431	$75,451	$2,602	$10	256
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	1	207	$10,417	$10,417	$50	207
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	440	$21,438	$7,146	$49	147
Assessments		T1023		15 Minutes	191	246	$23,776	$124	$97	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	1	2	$29	$29	$15	2
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**917**		**$5,773,106**			

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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	5	1,013	$602,735	$120,547	$595	203
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	228	1,267	$921,330	$4,041	$727	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	229	229	$82,297	$359	$359	1
Mental Health: Outpatient Care		90832		Encounter	3	2	$421	$140	$211	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	51	245	$16,602	$326	$68	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	5	6	$2,635	$527	$439	1
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	17	99	$57,907	$3,406	$585	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	5	$650	$650	$130	5
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	79	986	$195,480	$2,474	$198	12
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	1	1	$264	$264	$264	1
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	3	8	$775	$258	$97	3
Established Patient Evaluation and Management		99212		Encounter	354	677	$51,995	$147	$77	2
Established Patient Evaluation and Management		99213		Encounter	821	2,717	$353,948	$431	$130	3
Established Patient Evaluation and Management		99214		15 Minutes	186	278	$52,287	$281	$188	1
Established Patient Evaluation and Management		99215		15 Minutes	18	18	$5,094	$283	$283	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	1	1	$126	$126	$126	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	2	6	$270	$135	$45	3
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	2	12	$1,008	$504	$84	6
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	213	3,150	$52,083	$245	$17	15
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	614	521	$167,401	$273	$321	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	111	123	$17,706	$160	$144	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	4	22	$1,602	$401	$73	6
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	64	893	$53,055	$829	$59	14

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	15	30	$965	$64	$32	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	187	483	$57,271	$306	$119	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	26	30,241	$80,698	$3,104	$3	1,163
Community Living Supports (15 Minutes)		H2015		Encounter	22	124,324	$325,285	$14,786	$3	5,651
Community Living Supports (Daily)		H2016		Encounter	1	114	$9,010	$9,010	$79	114
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	38	7,276	$871,204	$22,926	$120	191
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	4	442	$2,188	$547	$5	111
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	4	1,796	$16,595	$4,149	$9	449
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	5	60	$73,223	$14,645	$1,220	12
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			6	293	$29,654	$4,942	$101	49
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$190	$190	$190	1
Health Services		T1002		15 Minutes	635	1,288	$126,887	$200	$99	2
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	273	589	$67,594	$248	$115	2
Targeted Case Management		T1017		Per Diem	302	11,382	$1,137,668	$3,767	$100	38
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	27	464	$42,012	$1,556	$91	17
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	26	4,660	$286,898	$11,035	$62	179
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	11	2,014	$100,623	$9,148	$50	183
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	4	716	$81,615	$20,404	$114	179
Assessments		T1023		15 Minutes	275	293	$81,422	$296	$278	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	7	$704	$704	$101	7
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	303	0	$64,639	$213	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	29	0	$143,400	$4,945	$0	0
Total Population and Cost					**1,364**		**$6,237,418**			

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	12	1,649	$972,233	$81,019	$590	137
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	82	895	$431,028	$5,256	$482	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	652	5,915	$3,243,516	$4,975	$548	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			316	319	$211,189	$668	$662	1
Assessment		90792		Encounter	340	342	$142,964	$420	$418	1
Mental Health: Outpatient Care		90832		Encounter	564	937	$55,411	$98	$59	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	750	5,641	$460,270	$614	$82	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	56	184	$14,217	$254	$77	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	15	$1,431	$1,431	$95	15
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	32	243	$9,513	$297	$39	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	2	9	$4,319	$2,160	$480	5
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	1	1	$75	$75	$75	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	6	19	$2,022	$337	$106	3
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	103	1,234	$123,744	$1,201	$100	12
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	9	9	$1,794	$199	$199	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	42	168	$5,802	$138	$35	4
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	4	4	$350	$87	$87	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	5	5	$606	$121	$121	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	719	1,691	$316,880	$441	$187	2
Established Patient Evaluation and Management		99213		Encounter	1,399	5,063	$1,004,168	$718	$198	4
Established Patient Evaluation and Management		99214		15 Minutes	999	2,612	$581,659	$582	$223	3
Established Patient Evaluation and Management		99215		15 Minutes	131	156	$49,492	$378	$317	1
Additional Codes-Physician Services		99221		15 Minutes	2	2	$21	$11	$11	1
Additional Codes-Physician Services		99222		15 Minutes	3	3	$81	$27	$27	1
Additional Codes-Physician Services		99223		Encounter	3	3	$216	$72	$72	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	5	16	$131	$26	$8	3
Additional Codes-Physician Services		99232		15 Minutes	10	107	$2,120	$212	$20	11
Additional Codes-Physician Services		99233		15 Minutes	4	7	$268	$67	$38	2
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	5	14	$426	$85	$30	3
Assessment		99349		Encounter	3	5	$232	$77	$46	2
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	13	1,004	$4,262	$328	$4	77
Additional Codes-Transportation		A0427		Encounter	13	15	$1,715	$132	$114	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	11	117	$9,934	$903	$85	11
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1,543	1,653	$383,674	$249	$232	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	163	1,401	$417,430	$2,561	$298	9
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	4	210	$23,421	$5,855	$112	53
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	151	6,784	$226,438	$1,500	$33	45
Prevention Services - Direct Model		H0025		Encounter	22	160	$11,978	$544	$75	7
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	842	984	$306,766	$364	$312	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	763	2,514	$205,960	$270	$82	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	6	692	$42,993	$7,166	$62	115
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	94	7,148	$155,522	$1,654	$22	76

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	266	92,578	$2,904,662	$10,920	$31	348
Community Living Supports in Independent living/own home		H0043		Encounter	110	19,245	$1,519,364	$13,812	$79	175
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	3	$224	$112	$75	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	930	5,123	$362,469	$390	$71	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	15	7,978	$34,984	$2,332	$4	532
Community Living Supports (15 Minutes)		H2015		Encounter	111	76,204	$319,937	$2,882	$4	687
Community Living Supports (Daily)		H2016		Encounter	4	739	$24,028	$6,007	$33	185
Community Living Supports (Daily)		H2016	TF	15 Minutes	17	5,019	$358,731	$21,102	$71	295
Community Living Supports (Daily)		H2016	TG	Per mile	41	10,426	$1,807,558	$44,087	$173	254
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	60	10,000	$139,744	$2,329	$14	167
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	43	83,128	$387,777	$9,018	$5	1,933
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	206	250	$36,907	$179	$148	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	16	93	$9,258	$579	$100	6
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1,011	1,056	$157,533	$156	$149	1
Health Services		T1002		15 Minutes	37	295	$10,394	$281	$35	8
Respite Care		T1005		Encounter	2	1,112	$1,944	$972	$2	556
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	3	6	$659	$220	$110	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	33	1,806	$64,252	$1,947	$36	55
Targeted Case Management		T1017		Per Diem	992	46,915	$1,835,150	$1,850	$39	47
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	21	655	$18,481	$880	$28	31
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	8	2,434	$79,913	$9,989	$33	304
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	4	1,297	$80,628	$20,157	$62	324
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	13	3,574	$541,204	$41,631	$151	275
Assessments		T1023		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	343	1,318	$35,622	$104	$27	4
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	255	485	$98,509	$386	$203	2
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	19	167	$21,978	$1,157	$132	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	36	36	$29,466	$819	$819	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$244,818	$0	$0	0
Total Population and Cost					**4,456**		**$20,552,466**			

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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	50	$17,308	$17,308	$346	50
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	24	214	$133,501	$5,563	$624	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	159	1,704	$1,370,281	$8,618	$804	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			1	1	$400	$400	$400	1
Assessment		90792		Encounter	117	117	$51,384	$439	$439	1
Mental Health: Outpatient Care		90832		Encounter	178	432	$49,572	$278	$115	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	306	991	$173,786	$568	$175	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	380	3,074	$679,747	$1,789	$221	8
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	4	4	$907	$227	$227	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	4	8	$1,894	$473	$237	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	1	13	$1,686	$1,686	$130	13
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	77	767	$88,317	$1,147	$115	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	8	15	$2,314	$289	$154	2
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	102	1,055	$167,141	$1,639	$158	10
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$36	$36	$36	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	1	8	$227	$227	$28	8
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	10	10	$1,299	$130	$130	1
Established Patient Evaluation and Management		99212		Encounter	101	149	$16,402	$162	$110	1
Established Patient Evaluation and Management		99213		Encounter	572	2,172	$328,691	$575	$151	4
Established Patient Evaluation and Management		99214		15 Minutes	213	420	$87,710	$412	$209	2
Established Patient Evaluation and Management		99215		15 Minutes	10	11	$2,554	$255	$232	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	8	25	$5,981	$748	$239	3
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	233	267	$116,394	$500	$436	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	1	6	$1,734	$1,734	$289	6
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	11	849	$60,006	$5,455	$71	77
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	143	152	$92,141	$644	$606	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	7	7	$852	$122	$122	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	9	$998	$333	$111	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	17	846	$42,323	$2,490	$50	50
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	132	5,995	$196,382	$1,488	$33	45

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	69	8,438	$686,318	$9,947	$81	122
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	5	$1,064	$532	$213	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	166	757	$61,606	$371	$81	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1	1,956	$6,105	$6,105	$3	1,956
Community Living Supports (15 Minutes)		H2015		Encounter	53	114,837	$292,602	$5,521	$3	2,167
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	4	1,218	$57,372	$14,343	$47	305
Community Living Supports (Daily)		H2016	TG	Per mile	13	2,556	$422,689	$32,515	$165	197
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	4	192	$18,198	$4,550	$95	48
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	1	1,082	$3,396	$3,396	$3	1,082
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	82	76,956	$402,154	$4,904	$5	938
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	4	4	$1,312	$328	$328	1
Personal Emergency Response System (PERS)		S5161		Encounter	8	63	$64,939	$8,117	$1,031	8
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			2	56	$2,896	$1,448	$52	28
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		15 Minutes	124	262	$33,960	$274	$130	2
Respite Care		T1005		Encounter	3	362	$1,534	$511	$4	121
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	84	688	$84,821	$1,010	$123	8
Targeted Case Management		T1017		Per Diem	437	9,801	$585,521	$1,340	$60	22
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	4	56	$2,739	$685	$49	14
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	8	1,201	$31,111	$3,889	$26	150
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	2	498	$23,458	$11,729	$47	249
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	556	$46,518	$15,506	$84	185
Assessments		T1023		15 Minutes	159	229	$94,794	$596	$414	1
Prevention Services - Direct Model		T1027		Days	4	249	$12,448	$3,112	$50	62
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	21	85	$33,462	$1,593	$394	4
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	44	0	$420,678	$9,561	$0	0
Total Population and Cost					**1,250**		**$7,083,665**			

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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	41	9,904	$5,528,598	$134,844	$558	242
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	923	8,084	$5,081,615	$5,506	$629	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1,235	11,625	$7,163,860	$5,801	$616	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	749	1,025	$183,316	$245	$179	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	352	1,993	$570,936	$1,622	$286	6
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			902	953	$161,626	$179	$170	1
Assessment		90792		Encounter	1,839	2,351	$548,896	$298	$233	1
Mental Health: Outpatient Care		90832		Encounter	572	973	$114,958	$201	$118	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	28	31	$4,996	$178	$161	1
Mental Health: Outpatient Care		90834		Encounter	1,883	8,107	$838,782	$445	$103	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	40	58	$11,762	$294	$203	1
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	1,431	6,778	$1,132,114	$791	$167	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	31	51	$13,671	$441	$268	2
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	7	8	$1,683	$240	$210	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	3	3	$488	$163	$163	1
Therapy-Family Therapy		90846		Encounter 75-80 Min	4	5	$1,220	$305	$244	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	71	157	$19,956	$281	$127	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	710	6,465	$231,149	$326	$36	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	56	56	$13,138	$235	$235	1
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	2	2	$444	$222	$222	1
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	474	4,474	$498,593	$1,052	$111	9
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	2	2	$117	$59	$59	1
New Patient Evaluation and Management		99202		Per Hour	16	16	$1,035	$65	$65	1
New Patient Evaluation and Management		99203		Per Hour	44	44	$5,767	$131	$131	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	22	22	$4,138	$188	$188	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	5	5	$467	$93	$93	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	45	142	$8,899	$198	$63	3
Established Patient Evaluation and Management		99212		Encounter	828	1,873	$152,189	$184	$81	2
Established Patient Evaluation and Management		99213		Encounter	3,632	14,262	$1,186,461	$327	$83	4
Established Patient Evaluation and Management		99214		15 Minutes	1,621	4,280	$523,248	$323	$122	3
Established Patient Evaluation and Management		99215		15 Minutes	116	137	$25,413	$219	$185	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	11	18	$1,679	$153	$93	2
Assessment		99335		Encounter	4	5	$466	$117	$93	1
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	22	1,959	$20,254	$921	$10	89
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	24	170	$16,532	$689	$97	7
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	10	10	$2,299	$230	$230	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	126	1,675	$588,062	$4,667	$351	13
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	1	180	$12,783	$12,783	$71	180
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	3,960	4,357	$824,433	$208	$189	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	2,747	4,061	$632,224	$230	$156	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	814	1,213	$116,423	$143	$96	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	336	1,290	$114,132	$340	$88	4
Home Based Services		H0036		Encounter	50	6,211	$391,692	$7,834	$63	124
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	92	1,725	$62,051	$674	$36	19

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$223,488	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	203	25,450	$1,729,115	$8,518	$68	125
Community Living Supports in Independent living/own home		H0043		Encounter	158	38,270	$2,463,804	$15,594	$64	242
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	18	88	$6,917	$384	$79	5
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	18	198	$25,533	$1,419	$129	11
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	74	409	$29,165	$394	$71	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	115	140,313	$369,082	$3,209	$3	1,220
Community Living Supports (15 Minutes)		H2015		Encounter	178	323,750	$1,186,675	$6,667	$4	1,819
Community Living Supports (Daily)		H2016		Encounter	15	3,524	$183,345	$12,223	$52	235
Community Living Supports (Daily)		H2016	TF	15 Minutes	62	17,102	$1,038,014	$16,742	$61	276
Community Living Supports (Daily)		H2016	TG	Per mile	245	67,506	$7,810,334	$31,879	$116	276
Behavior Services		H2019		Per mile	31	3,977	$113,581	$3,664	$29	128
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	3	254	$17,165	$5,722	$68	85
Wraparound (SED Waiver)		H2022		Per one-way trip	10	211	$63,001	$6,300	$299	21
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	2	3,447	$7,546	$3,773	$2	1,724
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	153	192,509	$920,716	$6,018	$5	1,258
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	15	29	$1,405	$94	$48	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	9	159	$6,868	$763	$43	18
Family Training		S5111		Days	4	42	$6,161	$1,540	$147	11
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	7	95	$15,411	$2,202	$162	14

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	1	1	$223	$223	$223	1
Health Services		S9446		15 minutes	42	164	$10,133	$241	$62	4
Health Services		S9470		15 Minutes	1	1	$292	$292	$292	1
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	95	618	$230,445	$2,426	$373	7
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	368	387	$93,702	$255	$242	1
Health Services		T1002		15 Minutes	1,265	14,210	$1,114,829	$881	$78	11
Respite Care		T1005		Encounter	15	12,755	$48,043	$3,203	$4	850
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	10	28	$3,764	$376	$134	3
Supports Coordination/Wrap Facilitation		T1016		Per Diem	592	5,087	$363,911	$615	$72	9
Targeted Case Management		T1017		Per Diem	3,032	81,238	$5,550,277	$1,831	$68	27
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	75	3,000	$219,988	$2,933	$73	40
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	201	53,746	$1,639,644	$8,157	$31	267
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	46	11,538	$746,647	$16,231	$65	251
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	86	22,850	$2,386,540	$27,750	$104	266
Assessments		T1023		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	1	3	$62	$62	$21	3
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	6	53	$6,573	$1,096	$124	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	165	1,342	$190,295	$1,153	$142	8
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$858,474	$0	$0	0
Other				Month	298	0	$132,940	$446	$0	0
Aggregate for 'J' Codes		ALL		Service	333	0	$455,204	$1,367	$0	0
Total Population and Cost					**7,856**		**$57,081,877**			

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		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	19	184	$125,656	$6,613	$683	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	33	410	$204,081	$6,184	$498	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			3	3	$699	$233	$233	1
Assessment		90792		Encounter	94	94	$47,549	$506	$506	1
Mental Health: Outpatient Care		90832		Encounter	71	99	$10,339	$146	$104	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	157	534	$63,231	$403	$118	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	254	1,572	$300,676	$1,184	$191	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	4	4	$1,369	$342	$342	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	9	25	$6,264	$696	$251	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	10	30	$11,207	$1,121	$374	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	9	19	$2,608	$290	$137	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	31	350	$81,065	$2,615	$232	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	1	1	$233	$233	$233	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	23	23	$4,435	$193	$193	1
Established Patient Evaluation and Management		99213		Encounter	269	1,168	$226,255	$841	$194	4
Established Patient Evaluation and Management		99214		15 Minutes	58	88	$32,389	$558	$368	2
Established Patient Evaluation and Management		99215		15 Minutes	4	4	$3,019	$755	$755	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	1	1	$213	$213	$213	1
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	1	9	$983	$983	$109	9
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

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Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	25	53	$9,703	$388	$183	2
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	47	0	$203,392	$4,327	$0	0
Prevention Services - Direct Model		H0025		Encounter	70	1,296	$198,135	$2,831	$153	19
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	398	435	$133,771	$336	$308	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	172	215	$53,753	$313	$250	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	19	32	$2,338	$123	$73	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	15	861	$62,844	$4,190	$73	57
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	58	11,810	$283,851	$4,894	$24	204

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	37	6,225	$349,828	$9,455	$56	168
Community Living Supports in Independent living/own home		H0043		Encounter	6	1,105	$170,048	$28,341	$154	184
Respite		H0045		Encounter	1	7	$1,018	$1,018	$145	7
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	5	$495	$495	$99	5
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	93	331	$108,134	$1,163	$327	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		Encounter	37	7,170	$112,964	$3,053	$16	194
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	1	274	$32,748	$32,748	$120	274
Behavior Services		H2019		Per mile	38	1,188	$311,589	$8,200	$262	31
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	21	678	$20,308	$967	$30	32
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	12	12	$3,000	$250	$250	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	34	45	$12,152	$357	$270	1
Health Services		T1002		15 Minutes	274	1,285	$170,764	$623	$133	5
Respite Care		T1005		Encounter	1	576	$1,665	$1,665	$3	576
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	11	133	$16,621	$1,511	$125	12
Targeted Case Management		T1017		Per Diem	185	7,701	$488,008	$2,638	$63	42
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	4	48	$7,658	$1,915	$160	12
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	1	274	$13,710	$13,710	$50	274
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	71	89	$117,468	$1,654	$1,320	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	1	1	$357	$357	$357	1
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$48,166	$0	$0	0
Total Population and Cost					**784**		**$4,056,759**			

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	4	660	$364,907	$91,227	$553	165
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	41	399	$261,237	$6,372	$655	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	177	1,080	$705,521	$3,986	$653	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			5	5	$1,210	$242	$242	1
Assessment		90792		Encounter	141	142	$31,295	$222	$220	1
Mental Health: Outpatient Care		90832		Encounter	178	453	$40,761	$229	$90	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	294	1,283	$172,320	$586	$134	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	85	391	$56,945	$670	$146	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	5	13	$2,231	$446	$172	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	10	52	$8,836	$884	$170	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	31	353	$75,005	$2,420	$212	11
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	2	8	$1,915	$958	$239	4
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	3	8	$601	$200	$75	3
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	64	730	$260,033	$4,063	$356	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	12	12	$5,686	$474	$474	1
Established Patient Evaluation and Management		99212		Encounter	126	170	$8,286	$66	$49	1
Established Patient Evaluation and Management		99213		Encounter	470	1,064	$88,418	$188	$83	2
Established Patient Evaluation and Management		99214		15 Minutes	701	1,957	$307,680	$439	$157	3
Established Patient Evaluation and Management		99215		15 Minutes	143	201	$36,025	$252	$179	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,406	2,424	$414,601	$295	$171	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	22	29	$2,498	$114	$86	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	25	1,776	$75,658	$3,026	$43	71
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	171	2,947	$85,050	$497	$29	17

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	68	11,485	$617,778	$9,085	$54	169
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	3	$58	$58	$19	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	289	884	$82,689	$286	$94	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1	192	$526	$526	$3	192
Community Living Supports (15 Minutes)		H2015		Encounter	72	268,736	$736,337	$10,227	$3	3,732
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	5	444	$20,708	$4,142	$47	89
Community Living Supports (Daily)		H2016	TG	Per mile	14	3,229	$343,404	$24,529	$106	231
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	18	762	$9,662	$537	$13	42
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	38	30,455	$256,127	$6,740	$8	801
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	1	2	$366	$366	$183	2
Family Training		S5111		Days	6	25	$4,578	$763	$183	4
Family Training		S5111	HA	Days	1	1	$183	$183	$183	1
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	1	9	$10,984	$10,984	$1,220	9
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			25	873	$55,165	$2,207	$63	35
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	6	9	$2,457	$410	$273	2
Health Services		T1002		15 Minutes	732	2,400	$96,192	$131	$40	3
Respite Care		T1005		Encounter	1	354	$1,246	$1,246	$4	354
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	12	83	$8,365	$697	$101	7
Targeted Case Management		T1017		Per Diem	560	14,667	$808,885	$1,444	$55	26
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	1	3	$165	$165	$55	3
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	2	478	$9,278	$4,639	$19	239
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	10	1,868	$96,109	$9,611	$51	187
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	9	1,327	$153,919	$17,102	$116	147
Assessments		T1023		15 Minutes	345	524	$60,176	$174	$115	2
Prevention Services - Direct Model		T1027		Days	11	360	$22,748	$2,068	$63	33
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	68	0	$319,559	$4,699	$0	0
Total Population and Cost					**1,715**		**$6,724,387**			

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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	2	190	$82,690	$41,345	$435	95
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	39	383	$267,360	$6,855	$698	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	84	800	$456,089	$5,430	$570	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			89	90	$59,562	$669	$662	1
Assessment		90792		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90832		Encounter	105	208	$26,013	$248	$125	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	312	1,215	$240,382	$770	$198	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	10	13	$3,183	$318	$245	1
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	2	3	$273	$137	$91	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	31	123	$11,808	$381	$96	4
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	1	4	$83	$83	$21	4
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	7	7	$527	$75	$75	1
Established Patient Evaluation and Management		99212		Encounter	51	58	$9,817	$192	$169	1
Established Patient Evaluation and Management		99213		Encounter	272	594	$159,715	$587	$269	2
Established Patient Evaluation and Management		99214		15 Minutes	196	405	$119,194	$608	$294	2
Established Patient Evaluation and Management		99215		15 Minutes	25	31	$11,465	$459	$370	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	2	3	$461	$231	$154	2
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	15	$329	$329	$22	15
Additional Codes-Physician Services		99232		15 Minutes	3	17	$2,043	$681	$120	6
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	8	38	$3,274	$409	$86	5
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	73	73	$5,821	$80	$80	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	240	248	$67,395	$281	$272	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	164	179	$32,470	$198	$181	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	51	4,336	$221,524	$4,344	$51	85
Home Based Services		H0036	ST	Encounter	3	23	$1,385	$462	$60	8
Peer Directed and Operated Support Services		H0038		Encounter	38	765	$78,250	$2,059	$102	20

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	33	7,179	$507,470	$15,378	$71	218
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	8	48	$5,912	$739	$123	6
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	37	184	$23,239	$628	$126	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	2	22	$539	$270	$25	11
Community Living Supports (15 Minutes)		H2015		Encounter	32	14,681	$66,078	$2,065	$5	459
Community Living Supports (Daily)		H2016		Encounter	3	465	$11,932	$3,977	$26	155
Community Living Supports (Daily)		H2016	TF	15 Minutes	2	218	$10,768	$5,384	$49	109
Community Living Supports (Daily)		H2016	TG	Per mile	14	3,015	$477,698	$34,121	$158	215
Behavior Services		H2019		Per mile	42	2,468	$137,700	$3,279	$56	59
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	8	4,006	$12,662	$1,583	$3	501
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	40	36,024	$236,651	$5,916	$7	901
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	1	3	$91	$91	$30	3
Family Training		S5111		Days	1	9	$546	$546	$61	9
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	23	26	$20,199	$878	$777	1
Health Services		T1002		15 Minutes	30	581	$107,415	$3,581	$185	19
Respite Care		T1005		Encounter	1	290	$1,378	$1,378	$5	290
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	1	2	$364	$364	$182	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	2	45	$3,960	$1,980	$88	23
Targeted Case Management		T1017		Per Diem	158	5,248	$422,792	$2,676	$81	33
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	13	2,803	$18,622	$1,432	$7	216
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	2	245	$11,884	$5,942	$49	123
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	5	570	$42,232	$8,446	$74	114
Assessments		T1023		15 Minutes	151	191	$181,836	$1,204	$952	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	2	$83	$83	$42	2
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	18	0	$130,313	$7,240	$0	0
Total Population and Cost					**664**		**$4,293,477**			

Muskegon

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	15	766	$414,271	$27,618	$541	51
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	42	361	$276,237	$6,577	$765	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	289	2,532	$1,901,736	$6,580	$751	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	2	11	$9,574	$4,787	$870	6
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	3	20	$3,953	$1,318	$198	7
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	7	65	$132	$19	$2	9

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			285	303	$54,829	$192	$181	1
Assessment		90792		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90832		Encounter	115	169	$11,356	$99	$67	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	155	419	$37,827	$244	$90	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	411	3,227	$456,059	$1,110	$141	8
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	3	3	$948	$316	$316	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	19	36	$5,359	$282	$149	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	110	611	$41,239	$375	$67	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	1	4	$3,672	$3,672	$918	4
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	28	45	$9,567	$342	$213	2
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	212	1,963	$13,666	$64	$7	9
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	2	2	$237	$118	$118	1
New Patient Evaluation and Management		99203		Per Hour	28	28	$4,313	$154	$154	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	31	32	$7,499	$242	$234	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	104	109	$33,524	$322	$308	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	37	41	$978	$26	$24	1
Established Patient Evaluation and Management		99212		Encounter	163	193	$10,619	$65	$55	1
Established Patient Evaluation and Management		99213		Encounter	607	1,096	$81,109	$134	$74	2
Established Patient Evaluation and Management		99214		15 Minutes	744	1,552	$182,896	$246	$118	2
Established Patient Evaluation and Management		99215		15 Minutes	60	64	$13,123	$219	$205	1
Additional Codes-Physician Services		99221		15 Minutes	3	3	$288	$96	$96	1
Additional Codes-Physician Services		99222		15 Minutes	3	3	$452	$151	$151	1
Additional Codes-Physician Services		99223		Encounter	1	1	$100	$100	$100	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	6	35	$1,642	$274	$47	6
Additional Codes-Physician Services		99232		15 Minutes	3	11	$764	$255	$69	4
Additional Codes-Physician Services		99233		15 Minutes	3	6	$813	$271	$135	2
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	6	8	$1,192	$199	$149	1
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	16	1,095	$4,145	$259	$4	68
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	37	343	$55,681	$1,505	$162	9
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	6	7	$1,154	$192	$165	1
Assessment		H0002		Encounter	554	607	$156,693	$283	$258	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	11	123	$5,285	$480	$43	11
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	12	39	$7,327	$611	$188	3
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	2	3	$1,150	$575	$383	2
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	272	287	$112,972	$415	$394	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	171	407	$91,794	$537	$226	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	8	$2,000	$1,000	$250	4
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	45	3,667	$435,509	$9,678	$119	81
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	100	1,973	$57,046	$570	$29	20

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	98	11,405	$771,704	$7,875	$68	116
Community Living Supports in Independent living/own home		H0043		Encounter	24	6,263	$1,067,130	$44,464	$170	261
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	4	12	$88	$22	$7	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	2	$105	$105	$53	2
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	631	2,028	$175,781	$279	$87	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	171	87,277	$261,249	$1,528	$3	510
Community Living Supports (15 Minutes)		H2015		Encounter	62	69,684	$405,942	$6,547	$6	1,124
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	227	16,407	$2,642,592	$11,641	$161	72
Behavior Services		H2019		Per mile	8	145	$6,712	$839	$46	18
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	4	84	$5,694	$1,424	$68	21
Wraparound (SED Waiver)		H2022		Per one-way trip	1	1	$329	$329	$329	1
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	141	12,353	$589,639	$4,182	$48	88
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	83	58,730	$790,900	$9,529	$13	708
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	14	36	$2,380	$170	$66	3
Family Training		S5111		Days	3	30	$5,430	$1,810	$181	10
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	4	$428	$214	$107	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	2	8	$805	$402	$101	4
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	220	16,007	$506,184	$2,301	$32	73
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	32	35	$10,270	$321	$293	1
Health Services		T1002		15 Minutes	1,178	4,806	$613,449	$521	$128	4
Respite Care		T1005		Encounter	3	199	$312	$104	$2	66
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	1	364	$1,268	$1,268	$3	364
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	1	1	$448	$448	$448	1
Supports Coordination/Wrap Facilitation		T1016		Per Diem	946	43,630	$3,628,918	$3,836	$83	46
Targeted Case Management		T1017		Per Diem	4	63	$5,166	$1,292	$82	16
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	8	1,953	$63,213	$7,902	$32	244
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	50	12,291	$656,848	$13,137	$53	246
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	184	2,315	$273,797	$1,488	$118	13
Assessments		T1023		15 Minutes	379	588	$190,807	$503	$325	2
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	7	14	$304	$43	$22	2
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	22	1,939	$17,412	$791	$9	88
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	6	$866	$866	$144	6
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	123	138	$101,582	$826	$736	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	147	0	$15,102	$103	$0	0
Aggregate for 'J' Codes		ALL		Service	50	0	$51,184	$1,024	$0	0
Total Population and Cost					**2,558**		**$17,374,767**			

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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	$3,104,705	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	581	6,250	$4,194,140	$7,219	$671	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1,062	11,774	$6,631,592	$6,244	$563	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	14	133	$99,913	$7,137	$751	10
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	149	747	$141,735	$951	$190	5
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	1,290	1,353	$292,189	$227	$216	1
Mental Health: Outpatient Care		90832		Encounter	632	1,230	$108,226	$171	$88	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	2,041	7,227	$1,066,120	$522	$148	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	918	2,562	$278,166	$303	$109	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	59	108	$6,960	$118	$64	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	541	3,368	$130,769	$242	$39	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	16	61	$22,699	$1,419	$372	4
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	1	4	$530	$530	$133	4
Neuropsych test by Tech		96119		60 Minutes	1	3	$193	$193	$64	3
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	275	1,219	$60,480	$220	$50	4
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	4	4	$120	$30	$30	1
New Patient Evaluation and Management		99202		Per Hour	44	46	$6,016	$137	$131	1
New Patient Evaluation and Management		99203		Per Hour	65	67	$5,529	$85	$83	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$75	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	1	1	$472	$472	$472	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	197	213	$7,193	$37	$34	1
Established Patient Evaluation and Management		99212		Encounter	1,459	2,256	$214,910	$147	$95	2
Established Patient Evaluation and Management		99213		Encounter	2,360	3,640	$312,544	$132	$86	2
Established Patient Evaluation and Management		99214		15 Minutes	1,848	2,707	$217,052	$117	$80	1
Established Patient Evaluation and Management		99215		15 Minutes	260	383	$54,991	$212	$144	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	1	1	$53	$53	$53	1
Additional Codes-Physician Services		99224		15 Minutes	3	4	$239	$80	$60	1
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	12	$277	$139	$23	6
Additional Codes-Physician Services		99232		15 Minutes	5	11	$516	$103	$47	2
Additional Codes-Physician Services		99233		15 Minutes	4	44	$2,269	$567	$52	11
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	232	4,768	$15,601	$67	$3	21
Additional Codes-Transportation		A0427		Encounter	10	10	$1,719	$172	$172	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	18	97	$12,255	$681	$126	5
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1,639	1,771	$775,788	$473	$438	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	663	3,779	$1,357,222	$2,047	$359	6
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$268,047	$0	$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	851	858	$94,115	$111	$110	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	741	19,334	$293,423	$396	$15	26

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	834	52,568	$2,541,622	$3,048	$48	63
Community Living Supports in Independent living/own home		H0043		Encounter	267	2,199	$214,998	$805	$98	8
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	5	9	$1,845	$369	$205	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	3	$678	$226	$226	1
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	368	4,513	$943,162	$2,563	$209	12
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	5	2,552	$5,221	$1,044	$2	510
Community Living Supports (15 Minutes)		H2015		Encounter	201	132,281	$482,568	$2,401	$4	658
Community Living Supports (Daily)		H2016		Encounter	239	36,716	$1,661,360	$6,951	$45	154
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	195	29,135	$5,433,672	$27,865	$186	149
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	317	17,399	$425,388	$1,342	$24	55
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	247	155,006	$468,612	$1,897	$3	628
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	603	1,003	$39,254	$65	$39	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$1,205	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	31	49	$1,288	$42	$26	2
Health Services		S9446		15 minutes	7	31	$452	$65	$15	4
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			17	451	$14,116	$830	$31	27
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	663	3,783	$107,024	$161	$28	6
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	930	949	$144,366	$155	$152	1
Health Services		T1002		15 Minutes	206	680	$21,284	$103	$31	3
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	2	3	$1,281	$641	$427	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	585	5,286	$282,877	$484	$54	9
Targeted Case Management		T1017		Per Diem	5,638	123,481	$7,026,955	$1,246	$57	22
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	144	822	$44,018	$306	$54	6
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	326	50,828	$900,087	$2,761	$18	156
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	39	5,519	$248,995	$6,384	$45	142
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	30	3,817	$311,475	$10,383	$82	127
Assessments		T1023		15 Minutes	1,360	1,567	$581,008	$427	$371	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	135	232	$12,142	$90	$52	2
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	112	118	$67,749	$605	$574	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$173,421	$0	$0	0
Other				Month	244	0	$29,031	$119	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**8,302**		**$41,965,997**			

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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	203	$134,319	$134,319	$662	203
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	18	176	$81,805	$4,545	$465	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	55	500	$389,204	$7,076	$778	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	1	4	$182	$182	$46	4
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			111	111	$96,329	$868	$868	1
Assessment		90792		Encounter	284	1,059	$290,234	$1,022	$274	4
Mental Health: Outpatient Care		90832		Encounter	74	145	$17,793	$240	$123	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	219	795	$118,908	$543	$150	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	322	1,488	$323,843	$1,006	$218	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	9	43	$10,418	$1,158	$242	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	33	345	$108,660	$3,293	$315	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	21	97	$31,434	$1,497	$324	5
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	37	542	$46,645	$1,261	$86	15
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	2	2	$100	$50	$50	1
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	45	117	$7,656	$170	$65	3
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	72	76	$11,639	$162	$153	1
Established Patient Evaluation and Management		99214		15 Minutes	85	92	$33,813	$398	$368	1
Established Patient Evaluation and Management		99215		15 Minutes	2	2	$1,550	$775	$775	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	324	394	$139,332	$430	$354	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	19	66	$23,846	$1,255	$361	3
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$136,342	$0	$0	0
Prevention Services - Direct Model		H0025		Encounter	1	1	$89	$89	$89	1
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	463	633	$141,820	$306	$224	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	338	533	$103,689	$307	$195	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	12	$2,469	$1,234	$206	6
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	9	17	$2,385	$265	$140	2
Home Based Services		H0036		Encounter	5	234	$21,593	$4,319	$92	47
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	48	5,243	$59,328	$1,236	$11	109

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	66	2,084	$237,237	$3,594	$114	32
Community Living Supports in Independent living/own home		H0043		Encounter	6	982	$99,953	$16,659	$102	164
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	8	$2,472	$1,236	$309	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	2	7	$1,144	$572	$163	4
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	123	496	$29,515	$240	$60	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	10	7,093	$24,910	$2,491	$4	709
Community Living Supports (15 Minutes)		H2015		Encounter	7	3,099	$15,244	$2,178	$5	443
Community Living Supports (Daily)		H2016		Encounter	1	236	$6,060	$6,060	$26	236
Community Living Supports (Daily)		H2016	TF	15 Minutes	2	699	$37,243	$18,621	$53	350
Community Living Supports (Daily)		H2016	TG	Per mile	9	1,547	$222,195	$24,688	$144	172
Behavior Services		H2019		Per mile	24	1,703	$98,190	$4,091	$58	71
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	3	25	$2,802	$934	$112	8
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	14	7,180	$119,620	$8,544	$17	513
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	9	24	$5,845	$649	$244	3
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	28	366	$47,234	$1,687	$129	13

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		15 Minutes	322	1,340	$139,844	$434	$104	4
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	5	11	$1,495	$299	$136	2
Targeted Case Management		T1017		Per Diem	366	12,818	$1,330,553	$3,635	$104	35
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	2	4	$540	$270	$135	2
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	8	1,777	$19,300	$2,412	$11	222
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	2	357	$14,031	$7,015	$39	179
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	348	$44,846	$22,423	$129	174
Assessments		T1023		15 Minutes	110	143	$68,397	$622	$478	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	6	35	$2,960	$493	$85	6
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$258,735	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**1,063**		**$5,165,788**			

North 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	11	535	$317,560	$28,869	$594	49
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	8	118	$34,441	$4,305	$292	15
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	133	1,595	$892,048	$6,707	$559	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	2	7	$3,604	$1,802	$515	4
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	142	142	$70,106	$494	$494	1
Mental Health: Outpatient Care		90832		Encounter	92	140	$11,019	$120	$79	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	537	2,339	$332,741	$620	$142	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	202	778	$135,515	$671	$174	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	3	3	$529	$176	$176	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	14	31	$4,723	$337	$152	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	119	1,050	$91,752	$771	$87	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	1	2	$386	$386	$193	2
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	9	80	$14,205	$1,578	$178	9
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	69	828	$86,620	$1,255	$105	12
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$424	$424	$424	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	1	14	$1,106	$1,106	$79	14
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	1	4	$300	$300	$75	4
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	2	4	$549	$275	$137	2
Assessment or Health Services		97803		First Hour	1	6	$759	$759	$127	6
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	3	4	$461	$154	$115	1
Established Patient Evaluation and Management		99213		Encounter	4	7	$1,105	$276	$158	2
Established Patient Evaluation and Management		99214		15 Minutes	560	1,766	$310,522	$555	$176	3
Established Patient Evaluation and Management		99215		15 Minutes	26	31	$5,299	$204	$171	1
Additional Codes-Physician Services		99221		15 Minutes	4	6	$628	$157	$105	2
Additional Codes-Physician Services		99222		15 Minutes	13	129	$16,743	$1,288	$130	10
Additional Codes-Physician Services		99223		Encounter	1	12	$268	$268	$22	12
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	5	53	$1,471	$294	$28	11
Additional Codes-Physician Services		99232		15 Minutes	6	34	$1,212	$202	$36	6
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	1	3	$1,632	$1,632	$544	3
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	46	51	$9,840	$214	$193	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	98	604	$309,739	$3,161	$513	6
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	930	997	$349,144	$375	$350	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	716	922	$221,389	$309	$240	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	183	283	$67,778	$370	$239	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	152	720	$66,462	$437	$92	5
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	44	2,938	$148,002	$3,364	$50	67

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	119	17,703	$1,022,044	$8,589	$58	149
Community Living Supports in Independent living/own home		H0043		Encounter	14	3,109	$403,556	$28,825	$130	222
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	8	$1,443	$722	$180	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	497	2,224	$117,621	$237	$53	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	12	9,910	$36,247	$3,021	$4	826
Community Living Supports (15 Minutes)		H2015		Encounter	180	63,494	$453,607	$2,520	$7	353
Community Living Supports (Daily)		H2016		Encounter	2	188	$4,277	$2,139	$23	94
Community Living Supports (Daily)		H2016	TF	15 Minutes	8	2,004	$105,725	$13,216	$53	251
Community Living Supports (Daily)		H2016	TG	Per mile	106	6,975	$1,521,368	$14,353	$218	66
Behavior Services		H2019		Per mile	1	252	$4,511	$4,511	$18	252
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	73	12,206	$487,596	$6,679	$40	167
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	159	153,396	$1,008,856	$6,345	$7	965
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	332	649	$115,676	$348	$178	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	1	4	$1,520	$1,520	$380	4
Family Training		S5111	HA	Days	1	8	$3,191	$3,191	$399	8
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	23	29	$9,202	$400	$317	1
Health Services		S9446		15 minutes	13	134	$10,787	$830	$81	10
Health Services		S9470		15 Minutes	2	2	$264	$132	$132	1
Prevention Services - Direct Model		S9482			16	734	$100,447	$6,278	$137	46
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	104	1,637	$97,385	$936	$59	16
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	51	51	$17,227	$338	$338	1
Health Services		T1002		15 Minutes	347	1,860	$177,042	$510	$95	5
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	5	134	$14,890	$2,978	$111	27
Targeted Case Management		T1017		Per Diem	353	13,958	$1,054,440	$2,987	$76	40
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	43	1,143	$136,115	$3,165	$119	27
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	108	7,485	$98,139	$909	$13	69
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	7	1,214	$57,278	$8,183	$47	173
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	286	$27,517	$9,172	$96	95
Assessments		T1023		15 Minutes	176	200	$71,935	$409	$360	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2014

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	3	10	$1,649	$550	$165	3
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	91	0	$391,886	$4,306	$0	0
Total Population and Cost					**2,016**		**$11,063,523**			

Northeast 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	1	132	$84,314	$84,314	$639	132
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	22	$10,830	$5,415	$492	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	151	1,039	$670,481	$4,440	$645	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	119	119	$73,454	$617	$617	1
Mental Health: Outpatient Care		90832		Encounter	61	109	$11,657	$191	$107	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	301	1,799	$249,832	$830	$139	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	122	425	$71,587	$587	$168	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	3	4	$447	$149	$112	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	31	378	$29,532	$953	$78	12
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	2	2	$974	$487	$487	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	39	495	$55,097	$1,413	$111	13
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	1	4	$256	$256	$64	4
Assessment or Health Services		97803		First Hour	1	5	$319	$319	$64	5
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	43	43	$20,095	$467	$467	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	83	83	$51,729	$623	$623	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	1	1	$166	$166	$166	1
Established Patient Evaluation and Management		99214		15 Minutes	783	2,256	$593,314	$758	$263	3
Established Patient Evaluation and Management		99215		15 Minutes	253	406	$169,886	$671	$418	2
Additional Codes-Physician Services		99221		15 Minutes	1	1	$23	$23	$23	1
Additional Codes-Physician Services		99222		15 Minutes	3	3	$1,001	$334	$334	1
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	14	$123	$123	$9	14
Additional Codes-Physician Services		99232		15 Minutes	3	14	$1,127	$376	$80	5
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

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Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	4	28	$1,540	$385	$55	7
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	57	57	$9,345	$164	$164	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	11	146	$49,724	$4,520	$341	13
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	75	2,481	$93,703	$1,249	$38	33
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	500	631	$235,907	$472	$374	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	470	522	$90,003	$191	$172	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	204	307	$46,619	$229	$152	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	54	4,486	$119,333	$2,210	$27	83

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	47	8,615	$586,857	$12,486	$68	183
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	1	$258	$258	$258	1
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	334	1,072	$68,634	$205	$64	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	7	2,044	$18,048	$2,578	$9	292
Community Living Supports (15 Minutes)		H2015		Encounter	184	35,613	$665,081	$3,615	$19	194
Community Living Supports (Daily)		H2016		Encounter	1	22	$791	$791	$36	22
Community Living Supports (Daily)		H2016	TF	15 Minutes	8	2,547	$150,637	$18,830	$59	318
Community Living Supports (Daily)		H2016	TG	Per mile	12	3,184	$650,617	$54,218	$204	265
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	90	3,285	$255,569	$2,840	$78	37
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	63	40,056	$402,913	$6,395	$10	636
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	1	1	$195	$195	$195	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	1	1	$401	$401	$401	1
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	$97	$97	$97	1
Personal Emergency Response System (PERS)		S5161		Encounter	3	19	$44,857	$14,952	$2,361	6
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			17	607	$38,170	$2,245	$63	36
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$317	$317	$317	1
Health Services		T1002		15 Minutes	4	7	$815	$204	$116	2
Respite Care		T1005		Encounter	1	26	$58	$58	$2	26
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	199	6,911	$418,525	$2,103	$61	35
Targeted Case Management		T1017		Per Diem	213	11,245	$685,579	$3,219	$61	53
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	46	1,282	$129,334	$2,812	$101	28
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	19	5,411	$28,680	$1,509	$5	285
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	1	343	$14,867	$14,867	$43	343
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	177	221	$42,139	$238	$191	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	3	30	$355	$118	$12	10
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	1	1	$2,359	$2,359	$2,359	1
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	1	12	$4,065	$4,065	$339	12
Fiscal Intermediary Services		T2025		15 Minutes	3	24	$3,754	$1,251	$156	8
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	32	0	$13,486	$421	$0	0
Aggregate for 'J' Codes		ALL		Service	34	0	$79,753	$2,346	$0	0
Total Population and Cost					**1,359**		**$7,049,628**			

Northern Lakes

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	23	3,232	$1,160,915	$50,475	$359	141
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	10	57	$34,570	$3,457	$606	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	362	1,984	$2,547,397	$7,037	$1,284	5
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	15	67	$22,500	$1,500	$336	4
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			13	13	$4,919	$378	$378	1
Assessment		90792		Encounter	420	429	$169,143	$403	$394	1
Mental Health: Outpatient Care		90832		Encounter	332	632	$45,129	$136	$71	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	974	5,251	$710,012	$729	$135	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	137	363	$103,141	$753	$284	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	15	48	$5,173	$345	$108	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	269	2,415	$203,230	$756	$84	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	266	276	$60,272	$227	$218	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	21	80	$11,760	$560	$147	4
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	169	1,924	$206,689	$1,223	$107	11
Physical Therapy		97001		First 30-74 Min.	1	1	$283	$283	$283	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$339	$339	$339	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	$0	$0	$0	0

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New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	2	2	$283	$142	$142	1
Established Patient Evaluation and Management		99212		Encounter	1,500	3,106	$491,574	$328	$158	2
Established Patient Evaluation and Management		99213		Encounter	734	1,156	$182,931	$249	$158	2
Established Patient Evaluation and Management		99214		15 Minutes	889	1,492	$235,341	$265	$158	2
Established Patient Evaluation and Management		99215		15 Minutes	1	1	$124	$124	$124	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	2	4	$308	$154	$77	2
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

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Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	1	91	$926	$926	$10	91
Additional Codes-Transportation		A0427		Encounter	1	1	$237	$237	$237	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	5	17	$4,191	$838	$247	3
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	224	229	$27,708	$124	$121	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	93	1,178	$411,156	$4,421	$349	13
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,113	1,181	$334,234	$300	$283	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	1,155	1,408	$571,783	$495	$406	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	5	572	$33,868	$6,774	$59	114
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	161	12,370	$167,857	$1,043	$14	77

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	151	18,715	$1,443,456	$9,559	$77	124
Community Living Supports in Independent living/own home		H0043		Encounter	3	264	$37,317	$12,439	$141	88
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	17	43	$9,725	$572	$226	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	10	50	$6,502	$650	$130	5
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	1,454	5,854	$627,769	$432	$107	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	10	13,431	$50,674	$5,067	$4	1,343
Community Living Supports (15 Minutes)		H2015		Encounter	159	49,177	$257,317	$1,618	$5	309
Community Living Supports (Daily)		H2016		Encounter	3	791	$40,523	$13,508	$51	264
Community Living Supports (Daily)		H2016	TF	15 Minutes	10	2,627	$168,871	$16,887	$64	263
Community Living Supports (Daily)		H2016	TG	Per mile	89	17,654	$2,709,901	$30,448	$154	198
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	4	52	$3,822	$956	$74	13
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	14	1,959	$12,239	$874	$6	140
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	142	147,004	$748,051	$5,268	$5	1,035
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	918	1,444	$135,530	$148	$94	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	1	10	$1,764	$1,764	$176	10
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	251	258	$65,935	$263	$256	1
Health Services		T1002		15 Minutes	1,023	3,282	$149,811	$146	$46	3
Respite Care		T1005		Encounter	3	578	$2,328	$776	$4	193
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	19	79	$6,725	$354	$85	4
Targeted Case Management		T1017		Per Diem	779	20,804	$1,410,384	$1,811	$68	27
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	55	1,700	$190,971	$3,472	$112	31
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	80	13,711	$438,496	$5,481	$32	171
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	23	4,982	$265,781	$11,556	$53	217
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	9	2,379	$276,897	$30,766	$116	264
Assessments		T1023		15 Minutes	864	1,250	$593,675	$687	$475	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	5	$995	$995	$199	5
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**3,790**		**$17,403,452**			

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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	2	523	$251,092	$125,546	$480	262
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	8	$1,216	$1,216	$152	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	75	450	$348,270	$4,644	$774	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	2	$971	$971	$486	2
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			1	1	$191	$191	$191	1
Assessment		90792		Encounter	11	11	$7,002	$637	$637	1
Mental Health: Outpatient Care		90832		Encounter	76	165	$15,248	$201	$92	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	137	458	$60,543	$442	$132	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	143	642	$104,126	$728	$162	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	8	$1,238	$619	$155	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	4	5	$873	$218	$175	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	56	406	$92,004	$1,643	$227	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	1	1	$151	$151	$151	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	4	6	$3,373	$843	$562	2
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	76	801	$53,840	$708	$67	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	2	8	$377	$188	$47	4
Assessment or Health Services		97803		First Hour	4	23	$1,086	$272	$47	6
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	118	118	$62,303	$528	$528	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	46	59	$5,953	$129	$101	1
Established Patient Evaluation and Management		99213		Encounter	460	1,590	$237,618	$517	$149	3
Established Patient Evaluation and Management		99214		15 Minutes	241	516	$114,912	$477	$223	2
Established Patient Evaluation and Management		99215		15 Minutes	39	46	$17,992	$461	$391	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	1	1	$408	$408	$408	1
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	1	2	$263	$263	$132	2
Assessment		99335		Encounter	1	4	$910	$910	$227	4
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	1	1	$457	$457	$457	1
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

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Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	14	95	$26,535	$1,895	$279	7
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	51	52	$14,124	$277	$272	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	8	63	$38,794	$4,849	$616	8
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	5	19	$1,099	$220	$58	4
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	210	244	$51,606	$246	$212	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	235	344	$43,554	$185	$127	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	7	9	$1,053	$150	$117	1
Home Based Services		H0036		Encounter	9	1,139	$42,690	$4,743	$37	127
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	85	7,643	$75,589	$889	$10	90

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	32	6,791	$334,253	$10,445	$49	212
Community Living Supports in Independent living/own home		H0043		Encounter	4	988	$103,503	$25,876	$105	247
Respite		H0045		Encounter	1	11	$1,590	$1,590	$145	11
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	397	2,671	$156,254	$394	$59	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	105	95,798	$453,008	$4,314	$5	912
Community Living Supports (15 Minutes)		H2015		Encounter	78	17,667	$182,147	$2,335	$10	227
Community Living Supports (Daily)		H2016		Encounter	1	344	$9,997	$9,997	$29	344
Community Living Supports (Daily)		H2016	TF	15 Minutes	3	616	$33,621	$11,207	$55	205
Community Living Supports (Daily)		H2016	TG	Per mile	12	2,800	$482,356	$40,196	$172	233
Behavior Services		H2019		Per mile	38	5,339	$259,582	$6,831	$49	141
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	0	0	$0	$0	$0	0
Mental Health Therapy		H2027			71	77,299	$398,984	$5,619	$5	1,089
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	41	90	$5,795	$141	$64	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	14	204	$9,931	$709	$49	15
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	2	2	$599	$300	$300	1
Health Services		S9446		15 minutes	51	497	$236,135	$4,630	$475	10
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	4	4	$581	$145	$145	1
Health Services		T1002		15 Minutes	112	308	$14,137	$126	$46	3
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	22	41	$6,339	$288	$155	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	561	18,496	$864,503	$1,541	$47	33
Targeted Case Management		T1017		Per Diem	75	3,783	$161,988	$2,160	$43	50
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	5	34	$1,465	$293	$43	7
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	15	3,395	$40,231	$2,682	$12	226
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	1	365	$16,724	$16,724	$46	365
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	151	175	$109,842	$727	$628	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	1	12	$467	$467	$39	12
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	22	0	$185,392	$8,427	$0	0
Total Population and Cost					**1,049**		**$5,746,883**			

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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	80	19,121	$10,676,551	$133,457	$558	239
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	608	6,932	$2,704,211	$4,448	$390	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1,110	15,085	$5,398,536	$4,864	$358	14
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	124	526	$119,334	$962	$227	4
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			4,474	5,599	$1,692,966	$378	$302	1
Assessment		90792		Encounter	1,461	1,466	$545,085	$373	$372	1
Mental Health: Outpatient Care		90832		Encounter	1,071	4,024	$281,616	$263	$70	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	992	3,085	$402,773	$406	$131	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	1,065	5,138	$892,115	$838	$174	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	2	$291	$146	$146	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	10	14	$2,806	$281	$200	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	1,676	22,137	$1,050,351	$627	$47	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	4	11	$2,221	$555	$202	3
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	1,087	8,302	$391,936	$361	$47	8
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	47	47	$12,886	$274	$274	1
Occupational Therapy		97004		Encounter	3	3	$769	$256	$256	1
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	48	2,000	$105,405	$2,196	$53	42
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	125	126	$21,436	$171	$170	1
New Patient Evaluation and Management		99202		Per Hour	408	411	$72,896	$179	$177	1
New Patient Evaluation and Management		99203		Per Hour	223	223	$38,360	$172	$172	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	161	162	$33,280	$207	$205	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	71	71	$22,674	$319	$319	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	337	462	$35,463	$105	$77	1
Established Patient Evaluation and Management		99212		Encounter	4,768	11,483	$1,130,961	$237	$98	2
Established Patient Evaluation and Management		99213		Encounter	8,013	23,400	$2,669,977	$333	$114	3
Established Patient Evaluation and Management		99214		15 Minutes	3,587	5,830	$831,172	$232	$143	2
Established Patient Evaluation and Management		99215		15 Minutes	285	294	$75,045	$263	$255	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	271	301	$95,271	$352	$317	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	23	154	$51,557	$2,242	$335	7
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	36	36	$6,596	$183	$183	1
Assessment		H0002		Encounter	902	924	$366,122	$406	$396	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	103	638	$71,202	$691	$112	6
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	337	2,680	$1,673,936	$4,967	$625	8
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	5,128	6,614	$1,651,232	$322	$250	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	5,121	7,450	$1,042,409	$204	$140	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	49	53	$6,153	$126	$116	1
Home Based Services		H0036		Encounter	16	937	$46,097	$2,881	$49	59
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	3,537	67,953	$2,603,192	$736	$38	19

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	318	0	$924,208	$2,906	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	550	110,428	$6,297,373	$11,450	$57	201
Community Living Supports in Independent living/own home		H0043		Encounter	115	19,415	$2,371,987	$20,626	$122	169
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	3	$1,013	$338	$338	1
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	3,328	13,822	$1,749,038	$526	$127	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	154	195,242	$692,223	$4,495	$4	1,268
Community Living Supports (15 Minutes)		H2015		Encounter	308	1,006,917	$4,116,937	$13,367	$4	3,269
Community Living Supports (Daily)		H2016		Encounter	115	27,597	$2,210,201	$19,219	$80	240
Community Living Supports (Daily)		H2016	TF	15 Minutes	80	17,588	$1,924,905	$24,061	$109	220
Community Living Supports (Daily)		H2016	TG	Per mile	190	49,689	$6,605,195	$34,764	$133	262
Behavior Services		H2019		Per mile	49	3,158	$119,837	$2,446	$38	64
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	481	27,782	$996,968	$2,073	$36	58
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	589	538,756	$2,246,617	$3,814	$4	915
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	222	229	$45,483	$205	$199	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	2	16	$490	$245	$31	8
Family Training		S5111		Days	43	318	$14,217	$331	$45	7
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	2	730	$119,283	$59,642	$163	365
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	759	2,011	$225,677	$297	$112	3
Health Services		S9446		15 minutes	82	141	$23,228	$283	$165	2
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	337	2,680	$64,354	$191	$24	8
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	260	268	$79,293	$305	$296	1
Health Services		T1002		15 Minutes	5,701	19,010	$1,123,756	$197	$59	3
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	4	9	$917	$229	$102	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	33	250	$6,514	$197	$26	8
Targeted Case Management		T1017		Per Diem	10,533	342,715	$19,455,879	$1,847	$57	33
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	6	135	$7,636	$1,273	$57	23
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	192	49,066	$2,938,162	$15,303	$60	256
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	83	18,416	$1,907,849	$22,986	$104	222
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	113	27,390	$3,847,213	$34,046	$140	242
Assessments		T1023		15 Minutes	1,809	2,368	$1,749,574	$967	$739	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	34	257	$28,876	$849	$112	8
Enhanced Medical Equipment-Supplies		T2028		Encounter	2	4	$3,568	$1,784	$892	2
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	374	2,576	$845,241	$2,260	$328	7
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	4,687	0	$1,160,032	$247	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**15,044**		**$100,728,627**			

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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	5	589	$160,002	$32,000	$272	118
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	45	488	$184,134	$4,092	$377	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	190	1,862	$1,019,223	$5,364	$547	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	2	$1,364	$1,364	$682	2
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	15	79	$21,829	$1,455	$276	5
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	4	5	$152	$38	$30	1
Assessment		90791			163	168	$99,264	$609	$591	1
Assessment		90792		Encounter	163	164	$85,647	$525	$522	1
Mental Health: Outpatient Care		90832		Encounter	150	281	$28,685	$191	$102	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	283	777	$126,903	$448	$163	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	329	1,921	$590,933	$1,796	$308	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	19	23	$1,038	$55	$45	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	3	5	$118	$39	$24	2
Therapy-Family Therapy		90846		Encounter 75-80 Min	4	4	$734	$183	$183	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	13	90	$14,483	$1,114	$161	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	105	954	$92,512	$881	$97	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	24	136	$68,418	$2,851	$503	6
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	127	1,684	$69,513	$547	$41	13
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	67	85	$6,528	$97	$77	1
Established Patient Evaluation and Management		99213		Encounter	508	1,454	$199,786	$393	$137	3
Established Patient Evaluation and Management		99214		15 Minutes	325	647	$131,070	$403	$203	2
Established Patient Evaluation and Management		99215		15 Minutes	67	84	$24,915	$372	$297	1
Additional Codes-Physician Services		99221		15 Minutes	2	2	$129	$64	$64	1
Additional Codes-Physician Services		99222		15 Minutes	8	9	$840	$105	$93	1
Additional Codes-Physician Services		99223		Encounter	2	2	$200	$100	$100	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	8	44	$1,455	$182	$33	6
Additional Codes-Physician Services		99232		15 Minutes	8	71	$3,519	$440	$50	9
Additional Codes-Physician Services		99233		15 Minutes	8	15	$1,100	$138	$73	2
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	157	235	$11,633	$74	$50	1

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	1	1	$111	$111	$111	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	11	85	$21,578	$1,962	$254	8
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	383	404	$51,405	$134	$127	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	248	1,288	$502,792	$2,027	$390	5
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	470	479	$309,192	$658	$645	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	568	869	$128,591	$226	$148	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	345	538	$70,182	$203	$130	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	1	1	$109	$109	$109	1
Home Based Services		H0036		Encounter	1	12	$1,533	$1,533	$128	12
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	198	12,041	$754,032	$3,808	$63	61

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	283	0	$77,550	$274	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	65	7,870	$851,742	$13,104	$108	121
Community Living Supports in Independent living/own home		H0043		Encounter	11	3,172	$427,452	$38,859	$135	288
Respite		H0045		Encounter	5	74	$6,784	$1,357	$92	15
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	387	930	$187,478	$484	$202	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	19	41,464	$100,191	$5,273	$2	2,182
Community Living Supports (15 Minutes)		H2015		Encounter	93	40,178	$214,679	$2,308	$5	432
Community Living Supports (Daily)		H2016		Encounter	1	170	$3,178	$3,178	$19	170
Community Living Supports (Daily)		H2016	TF	15 Minutes	2	501	$46,047	$23,024	$92	251
Community Living Supports (Daily)		H2016	TG	Per mile	18	4,778	$775,018	$43,057	$162	265
Behavior Services		H2019		Per mile	20	1,743	$58,136	$2,907	$33	87
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	9	3,604	$12,938	$1,438	$4	400
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	77	128,908	$576,112	$7,482	$4	1,674
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	1	3	$164	$164	$55	3
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	10	126	$10,889	$1,089	$86	13
Family Training		S5111		Days	1	1	$199	$199	$199	1
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	1	1	$55	$55	$55	1

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	3	22	$5,190	$1,730	$236	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	3	3	$142	$47	$47	1
Health Services		S9446		15 minutes	8	20	$4,642	$580	$232	3
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	249	1,287	$37,171	$149	$29	5
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	294	296	$66,240	$225	$224	1
Health Services		T1002		15 Minutes	123	290	$42,560	$346	$147	2
Respite Care		T1005		Encounter	9	2,528	$11,739	$1,304	$5	281
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	12	34	$3,594	$300	$106	3
Supports Coordination/Wrap Facilitation		T1016		Per Diem	2	67	$9,507	$4,754	$142	34
Targeted Case Management		T1017		Per Diem	536	14,400	$1,002,273	$1,870	$70	27
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	2	535	$9,884	$4,942	$18	268
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	12	2,185	$107,812	$8,984	$49	182
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	10	2,364	$223,430	$22,343	$95	236
Assessments		T1023		15 Minutes	387	523	$371,026	$959	$709	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	14	135	$5,607	$400	$42	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	39	0	$296,920	$7,613	$0	0
Total Population and Cost					**1,496**		**$10,331,999**			

Pathways

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	43	$20,127	$20,127	$468	43
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	191	1,256	$862,834	$4,517	$687	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	38	38	$23,769	$626	$626	1
Mental Health: Outpatient Care		90832		Encounter	136	293	$65,327	$480	$223	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	198	651	$147,458	$745	$227	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	303	1,653	$563,425	$1,859	$341	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	1	1	$30	$30	$30	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	8	20	$6,413	$802	$321	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	13	23	$7,282	$560	$317	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	99	839	$170,082	$1,718	$203	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	12	12	$3,419	$285	$285	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	48	558	$88,410	$1,842	$158	12
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	3	12	$1,488	$496	$124	4
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	1	1	$247	$247	$247	1
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
New Patient Evaluation and Management		99204		Encounter	1	1	$329	$329	$329	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	94	95	$53,711	$571	$565	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	23	23	$2,184	$95	$95	1
Established Patient Evaluation and Management		99213		Encounter	472	1,688	$267,565	$567	$159	4
Established Patient Evaluation and Management		99214		15 Minutes	244	631	$151,774	$622	$241	3
Established Patient Evaluation and Management		99215		15 Minutes	100	119	$45,959	$460	$386	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	1	1	$100	$100	$100	1
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	6	$236	$236	$39	6
Additional Codes-Physician Services		99232		15 Minutes	1	1	$115	$115	$115	1
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	2	5	$1,701	$851	$340	3
Assessment		99348		Encounter	1	1	$680	$680	$680	1
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	6	21	$3,196	$533	$152	4
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	38	39	$18,948	$499	$486	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	84	885	$267,305	$3,182	$302	11
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	43	2,705	$241,232	$5,610	$89	63
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	309	342	$152,508	$494	$446	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	429	620	$154,926	$361	$250	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	7	16	$4,087	$584	$255	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	5	248	$10,897	$2,179	$44	50
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	21	1,095	$24,462	$1,165	$22	52

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	92	24,938	$1,278,322	$13,895	$51	271
Community Living Supports in Independent living/own home		H0043		Encounter	4	1,063	$175,980	$43,995	$166	266
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	3	10	$5,520	$1,840	$552	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	4	40	$14,695	$3,674	$367	10
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	640	4,549	$278,035	$434	$61	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	67	53,217	$289,500	$4,321	$5	794
Community Living Supports (15 Minutes)		H2015		Encounter	158	37,888	$195,502	$1,237	$5	240
Community Living Supports (Daily)		H2016		Encounter	5	999	$23,337	$4,667	$23	200
Community Living Supports (Daily)		H2016	TF	15 Minutes	3	562	$37,839	$12,613	$67	187
Community Living Supports (Daily)		H2016	TG	Per mile	43	9,271	$1,564,296	$36,379	$169	216
Behavior Services		H2019		Per mile	53	5,982	$290,725	$5,485	$49	113
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	1	13	$2,381	$2,381	$183	13
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	76	8,955	$91,520	$1,204	$10	118
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	1	4	$614	$614	$154	4

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	4	23	$6,003	$1,501	$261	6
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	8	8	$4,410	$551	$551	1
Health Services		T1002		15 Minutes	1	2	$146	$146	$73	2
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	204	3,936	$341,015	$1,672	$87	19
Targeted Case Management		T1017		Per Diem	462	11,013	$885,886	$1,918	$80	24
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	5	35	$2,792	$558	$80	7
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	40	7,426	$301,347	$7,534	$41	186
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	14	2,160	$185,803	$13,272	$86	154
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	6	856	$149	$25	$0	143
Assessments		T1023		15 Minutes	319	449	$109,498	$343	$244	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	37	0	$50,843	$1,374	$0	0
Total Population and Cost					**1,474**		**$9,498,386**			

Pines

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	278	$139,084	$46,361	$500	93
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	19	$14,974	$14,974	$788	19
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	128	731	$492,556	$3,848	$674	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			32	32	$5,309	$166	$166	1
Assessment		90792		Encounter	180	180	$71,479	$397	$397	1
Mental Health: Outpatient Care		90832		Encounter	76	103	$9,679	$127	$94	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	253	656	$86,560	$342	$132	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	449	2,150	$345,703	$770	$161	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	19	50	$8,455	$445	$169	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	49	552	$33,549	$685	$61	11
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	1	$257	$257	$257	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	21	191	$17,490	$833	$92	9
Physical Therapy		97001		First 30-74 Min.	1	1	$101	$101	$101	1
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	1	5	$151	$151	$30	5
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	504	1,187	$156,957	$311	$132	2
Established Patient Evaluation and Management		99213		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99214		15 Minutes	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	1	1	$92	$92	$92	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	14	$351	$176	$25	7
Additional Codes-Physician Services		99232		15 Minutes	2	14	$818	$409	$58	7
Additional Codes-Physician Services		99233		15 Minutes	1	3	$275	$275	$92	3
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	717	744	$105,720	$147	$142	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	1	6	$2,361	$2,361	$394	6
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	467	506	$106,279	$228	$210	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	519	556	$74,334	$143	$134	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	155	194	$28,348	$183	$146	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	3	60	$4,674	$1,558	$78	20
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	27	2,322	$22,713	$841	$10	86

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$63,950	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	43	9,577	$529,540	$12,315	$55	223
Community Living Supports in Independent living/own home		H0043		Encounter	5	1,358	$146,917	$29,383	$108	272
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	87	310	$18,305	$210	$59	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1	25	$114	$114	$5	25
Community Living Supports (15 Minutes)		H2015		Encounter	18	17,289	$76,873	$4,271	$4	961
Community Living Supports (Daily)		H2016		Encounter	2	658	$13,994	$6,997	$21	329
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	5	1,159	$121,100	$24,220	$104	232
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	17	1,082	$15,377	$905	$14	64
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	31	52,250	$136,733	$4,411	$3	1,685
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	199	300	$32,778	$165	$109	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	6	30	$2,071	$345	$69	5
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	114	114	$6,748	$59	$59	1
Health Services		T1002		15 Minutes	378	693	$37,562	$99	$54	2
Respite Care		T1005		Encounter	15	12,947	$70,499	$4,700	$5	863
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	21	307	$26,014	$1,239	$85	15
Targeted Case Management		T1017		Per Diem	219	6,669	$556,099	$2,539	$83	30
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	1	295	$3,792	$3,792	$13	295
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	2	47	$1,956	$978	$42	24
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	5	1,475	$175,326	$35,065	$119	295
Assessments		T1023		15 Minutes	270	337	$166,723	$617	$495	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	1	5	$1,891	$1,891	$378	5
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**1,553**		**$3,932,630**			

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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	19	4,087	$2,098,388	$110,441	$513	215
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	9	88	$71,084	$7,898	$808	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	390	1,582	$1,626,245	$4,170	$1,028	4
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	5	$96	$96	$19	5
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	1	24	$811	$811	$34	24
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			20	20	$1,957	$98	$98	1
Assessment		90792		Encounter	241	242	$45,922	$191	$190	1
Mental Health: Outpatient Care		90832		Encounter	68	192	$20,029	$295	$104	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	229	1,621	$160,220	$700	$99	7
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	73	358	$85,720	$1,174	$239	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	1	$199	$199	$199	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	5	15	$1,537	$307	$102	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	114	1,467	$418,139	$3,668	$285	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	1	7	$125	$125	$18	7
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	16	67	$7,733	$483	$115	4
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	251	2,708	$145,555	$580	$54	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$323	$108	$108	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	1	4	$182	$182	$45	4
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	6	6	$949	$158	$158	1
New Patient Evaluation and Management		99203		Per Hour	7	7	$2,526	$361	$361	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	18	18	$7,706	$428	$428	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	6	6	$6,787	$1,131	$1,131	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	476	1,786	$58,980	$124	$33	4
Established Patient Evaluation and Management		99213		Encounter	897	2,201	$139,081	$155	$63	2
Established Patient Evaluation and Management		99214		15 Minutes	255	465	$53,615	$210	$115	2
Established Patient Evaluation and Management		99215		15 Minutes	58	62	$12,829	$221	$207	1
Additional Codes-Physician Services		99221		15 Minutes	29	29	$1,295	$45	$45	1
Additional Codes-Physician Services		99222		15 Minutes	291	328	$20,448	$70	$62	1
Additional Codes-Physician Services		99223		Encounter	16	16	$603	$38	$38	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	91	497	$23,071	$254	$46	5
Additional Codes-Physician Services		99232		15 Minutes	302	1,636	$113,473	$376	$69	5
Additional Codes-Physician Services		99233		15 Minutes	17	23	$2,571	$151	$112	1
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	1	1	$133	$133	$133	1

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	14	14	$808	$58	$58	1
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	29	770	$20,125	$694	$26	27
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	8	16	$846	$106	$53	2
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	333	375	$28,125	$84	$75	1
Assessment		H0002		Encounter	15	54	$32,364	$2,158	$599	4
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	454	2,970	$89,100	$196	$30	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	254	1,685	$67,400	$265	$40	7
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	57	164	$44,280	$777	$270	3
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	36	123	$27,675	$769	$225	3
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	369	1,476	$437,132	$1,185	$296	4
Substance Abuse: Residential	1002	H0018		Encounter	84	1,805	$234,650	$2,793	$130	21
Substance Abuse: Residential	1002	H0019		Encounter	24	835	$133,600	$5,567	$160	35
Substance Abuse: Methadone		H0020		Encounter	168	31,473	$220,311	$1,311	$7	187
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	69	1,550	$127,317	$1,845	$82	22
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	583	650	$339,342	$582	$522	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	56	177	$28,826	$515	$163	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	2	$658	$329	$329	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	9	1,117	$64,954	$7,217	$58	124
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	423	7,601	$410,226	$970	$54	18

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	52	15,843	$688,510	$13,241	$43	305
Community Living Supports in Independent living/own home		H0043		Encounter	62	11,386	$481,742	$7,770	$42	184
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	11	23	$457	$42	$20	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	990	2,635	$317,570	$321	$121	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	16	27,557	$87,631	$5,477	$3	1,722
Community Living Supports (15 Minutes)		H2015		Encounter	116	182,491	$909,133	$7,837	$5	1,573
Community Living Supports (Daily)		H2016		Encounter	87	24,052	$565,156	$6,496	$23	276
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	2	466	$84,044	$42,022	$180	233
Behavior Services		H2019		Per mile	39	2,078	$167,507	$4,295	$81	53
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	2	44	$7,417	$3,709	$169	22
Wraparound (SED Waiver)		H2022		Per one-way trip	1	1	$48	$48	$48	1
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	23	2,134	$11,015	$479	$5	93
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	72	111,471	$495,398	$6,881	$4	1,548
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	80	89	$16,961	$212	$191	1
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	11	86	$24,733	$2,248	$288	8
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	1	12	$1,209	$1,209	$101	12
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	1	1	$99	$99	$99	1
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			36	2,563	$375,694	$10,436	$147	71
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	2	19	$513	$257	$27	10
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	10	10	$3,686	$369	$369	1
Health Services		T1002		15 Minutes	1	10	$377	$377	$38	10
Respite Care		T1005		Encounter	3	2,083	$45,124	$15,041	$22	694
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	40	367	$5,505	$138	$15	9
Family Psycho-Education - EBP		T1015		Per Diem	3	8	$176	$59	$22	3
Supports Coordination/Wrap Facilitation		T1016		Per Diem	18	578	$24,593	$1,366	$43	32
Targeted Case Management		T1017		Per Diem	1,259	70,298	$3,103,833	$2,465	$44	56
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	6	120	$4,386	$731	$37	20
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	8	1,065	$32,672	$4,084	$31	133
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	4	1,044	$60,343	$15,086	$58	261
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	425	$56,614	$28,307	$133	213
Assessments		T1023		15 Minutes	1,146	1,598	$555,177	$484	$347	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

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Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	23	230	$25,843	$1,124	$112	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	1	1	$272	$272	$272	1
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	124	1,232	$117,274	$946	$95	10
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	1	1	$1,001	$1,001	$1,001	1
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**3,710**		**$15,707,781**			

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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		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	14	95	$63,351	$4,525	$667	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	75	713	$475,467	$6,340	$667	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			4	4	$1,442	$360	$360	1
Assessment		90792		Encounter	96	96	$46,326	$483	$483	1
Mental Health: Outpatient Care		90832		Encounter	62	132	$9,935	$160	$75	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	322	2,233	$327,782	$1,018	$147	7
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	91	292	$50,374	$554	$173	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	1	1	$147	$147	$147	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	2	4	$556	$278	$139	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	50	416	$57,391	$1,148	$138	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	3	11	$1,933	$644	$176	4
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	33	510	$35,245	$1,068	$69	15
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	1	1	$102	$102	$102	1
Established Patient Evaluation and Management		99212		Encounter	106	134	$13,604	$128	$102	1
Established Patient Evaluation and Management		99213		Encounter	466	1,356	$210,436	$452	$155	3
Established Patient Evaluation and Management		99214		15 Minutes	175	339	$82,688	$473	$244	2
Established Patient Evaluation and Management		99215		15 Minutes	12	12	$4,735	$395	$395	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	3	10	$875	$292	$88	3
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	288	316	$117,482	$408	$372	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	223	381	$104,231	$467	$274	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	1	$150	$150	$150	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	41	136	$31,945	$779	$235	3
Home Based Services		H0036		Encounter	11	1,189	$47,481	$4,316	$40	108
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	108	5,683	$185,647	$1,719	$33	53

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$101,375	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	50	8,394	$675,555	$13,511	$80	168
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	4	14	$902	$225	$64	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	69	332	$38,517	$558	$116	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	135	50,813	$274,596	$2,034	$5	376
Community Living Supports (15 Minutes)		H2015		Encounter	59	17,263	$110,017	$1,865	$6	293
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	7	679	$40,134	$5,733	$59	97
Community Living Supports (Daily)		H2016	TG	Per mile	17	3,755	$480,950	$28,291	$128	221
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	8	143	$1,358	$170	$9	18
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		15 Minutes	564	2,136	$163,932	$291	$77	4
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	1	3	$631	$631	$210	3
Supports Coordination/Wrap Facilitation		T1016		Per Diem	413	9,076	$862,816	$2,089	$95	22
Targeted Case Management		T1017		Per Diem	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	3	35	$5,047	$1,682	$144	12
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	20	3,531	$86,730	$4,337	$25	177
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	2	607	$29,424	$14,712	$48	304
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	296	$18,197	$18,197	$61	296
Assessments		T1023		15 Minutes	80	91	$65,673	$821	$722	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	12	$1,621	$1,621	$135	12
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$420,917	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**727**		**$5,247,718**			

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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	233	$138,635	$46,212	$595	78
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7	62	$55,444	$7,921	$894	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	150	1,191	$792,787	$5,285	$666	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			44	44	$18,520	$421	$421	1
Assessment		90792		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90832		Encounter	79	141	$18,686	$237	$133	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	255	1,520	$268,610	$1,053	$177	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	163	535	$99,841	$613	$187	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	8	$1,858	$1,858	$232	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	66	496	$33,622	$509	$68	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	8	9	$4,345	$543	$483	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	48	379	$19,451	$405	$51	8
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$1,027	$342	$342	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	3	12	$694	$231	$58	4
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	$0	$0	$0	0

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New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	5	5	$285	$57	$57	1
Established Patient Evaluation and Management		99213		Encounter	220	409	$44,929	$204	$110	2
Established Patient Evaluation and Management		99214		15 Minutes	296	871	$136,660	$462	$157	3
Established Patient Evaluation and Management		99215		15 Minutes	10	11	$1,949	$195	$177	1
Additional Codes-Physician Services		99221		15 Minutes	3	4	$408	$136	$102	1
Additional Codes-Physician Services		99222		15 Minutes	15	15	$1,951	$130	$130	1
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	8	46	$1,917	$240	$42	6
Additional Codes-Physician Services		99232		15 Minutes	13	73	$4,439	$341	$61	6
Additional Codes-Physician Services		99233		15 Minutes	9	9	$830	$92	$92	1
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

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Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	7	25	$4,126	$589	$165	4
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	4	16	$4,747	$1,187	$297	4
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	367	430	$119,808	$326	$279	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	180	186	$31,660	$176	$170	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	3	$419	$140	$140	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	3	4	$420	$140	$105	1
Home Based Services		H0036		Encounter	27	2,709	$207,431	$7,683	$77	100
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	131	5,111	$171,171	$1,307	$33	39

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	253	0	$296,449	$1,172	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	55	4,697	$660,487	$12,009	$141	85
Community Living Supports in Independent living/own home		H0043		Encounter	4	947	$113,424	$28,356	$120	237
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	2	4	$120	$60	$30	2
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	6	$1,424	$712	$237	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	2	$539	$539	$270	2
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	110	602	$68,231	$620	$113	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	20	15,325	$113,828	$5,691	$7	766
Community Living Supports (15 Minutes)		H2015		Encounter	43	42,358	$157,573	$3,664	$4	985
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	10	2,387	$579,233	$57,923	$243	239
Behavior Services		H2019		Per mile	18	2,556	$154,935	$8,607	$61	142
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	7	3,723	$26,566	$3,795	$7	532
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	2	16	$765	$382	$48	8
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	119	122	$42,318	$356	$347	1
Health Services		T1002		15 Minutes	37	43	$4,142	$112	$96	1
Respite Care		T1005		Encounter	1	88	$136	$136	$2	88
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	1	3	$1,255	$1,255	$418	3
Supports Coordination/Wrap Facilitation		T1016		Per Diem	146	3,183	$305,849	$2,095	$96	22
Targeted Case Management		T1017		Per Diem	236	7,568	$677,025	$2,869	$89	32
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	7	1,945	$23,462	$3,352	$12	278
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	1	9	$511	$511	$57	9
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	198	255	$168,829	$853	$662	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	1	9	$522	$522	$58	9
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

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Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	2	15	$1,925	$963	$128	8
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	37	0	$163,948	$4,431	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**856**		**$5,750,166**			

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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	8	2,204	$1,142,928	$142,866	$519	276
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	114	985	$517,381	$4,538	$525	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	364	3,062	$1,964,212	$5,396	$641	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	10	45	$24,175	$2,418	$537	5
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	5	8	$90	$18	$11	2
Assessment		90791			40	40	$19,950	$499	$499	1
Assessment		90792		Encounter	304	307	$134,472	$442	$438	1
Mental Health: Outpatient Care		90832		Encounter	455	1,884	$229,603	$505	$122	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	624	3,441	$577,744	$926	$168	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	194	1,812	$294,667	$1,519	$163	9
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	12	13	$2,808	$234	$216	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	1	1	$40	$40	$40	1
Therapy-Family Therapy		90846		Encounter 75-80 Min	3	3	$527	$176	$176	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	29	107	$19,393	$669	$181	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	287	2,939	$323,701	$1,128	$110	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	4	$1,135	$1,135	$284	4
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	135	1,355	$107,248	$794	$79	10
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	1	1	$326	$326	$326	1
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	$0	$0	$0	0

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New Patient Evaluation and Management		99204		Encounter	1	1	$593	$593	$593	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	4	8	$637	$159	$80	2
Established Patient Evaluation and Management		99212		Encounter	17	19	$2,900	$171	$153	1
Established Patient Evaluation and Management		99213		Encounter	595	1,403	$230,808	$388	$165	2
Established Patient Evaluation and Management		99214		15 Minutes	995	3,634	$894,545	$899	$246	4
Established Patient Evaluation and Management		99215		15 Minutes	29	42	$7,837	$270	$187	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 Minutes	0	0	$0	$0	$0	0

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Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	1	1	$1,701	$1,701	$1,701	1
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	7	65	$6,963	$995	$107	9
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,102	1,431	$599,832	$544	$419	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	731	1,193	$374,065	$512	$314	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	411	707	$133,277	$324	$189	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	2	2	$154	$77	$77	1
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	158	7,844	$423,498	$2,680	$54	50

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	76	0	$283,917	$3,736	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	68	6,379	$692,313	$10,181	$109	94
Community Living Supports in Independent living/own home		H0043		Encounter	11	2,368	$258,420	$23,493	$109	215
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	67	218	$20,509	$306	$94	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	46	35,611	$176,987	$3,848	$5	774
Community Living Supports (15 Minutes)		H2015		Encounter	411	89,973	$496,651	$1,208	$6	219
Community Living Supports (Daily)		H2016		Encounter	8	2,849	$55,442	$6,930	$19	356
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	50	11,003	$1,651,880	$33,038	$150	220
Behavior Services		H2019		Per mile	37	5,448	$246,631	$6,666	$45	147
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	22	693	$14,109	$641	$20	32
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	67	99,280	$523,206	$7,809	$5	1,482
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	3	35	$1,357	$452	$39	12
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	9	9	$3,633	$404	$404	1
Health Services		T1002		15 Minutes	264	4,372	$307,570	$1,165	$70	17
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	7	18	$2,691	$384	$149	3
Supports Coordination/Wrap Facilitation		T1016		Per Diem	756	13,479	$1,625,702	$2,150	$121	18
Targeted Case Management		T1017		Per Diem	5	1,824	$83,120	$16,624	$46	365
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	30	293	$29,575	$986	$101	10
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	56	13,082	$260,201	$4,646	$20	234
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	3	770	$42,519	$14,173	$55	257
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	163	178	$28,220	$173	$159	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	3	7	$2,289	$763	$327	2
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$39,284	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$518,501	$0	$0	0
Total Population and Cost					**2,029**		**$15,401,939**			

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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	7	1,337	$676,522	$96,646	$506	191
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	31	$12,891	$2,578	$416	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	50	550	$345,209	$6,904	$628	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	100	100	$16,178	$162	$162	1
Mental Health: Outpatient Care		90832		Encounter	331	608	$41,548	$126	$68	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	4	6	$373	$93	$62	2
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	357	2,137	$319,451	$895	$149	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	28	58	$7,198	$257	$124	2
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	73	213	$79,942	$1,095	$375	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	14	22	$3,424	$245	$156	2
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	3	$186	$186	$62	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	2	3	$215	$108	$72	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	56	444	$89,218	$1,593	$201	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	12	49	$6,539	$545	$133	4
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	3	27	$18,373	$6,124	$680	9
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	2	$541	$541	$271	2
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	0	0	$0	$0	$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	17	136	$6,650	$391	$49	8
Established Patient Evaluation and Management		99212		Encounter	477	1,213	$102,826	$216	$85	3
Established Patient Evaluation and Management		99213		Encounter	226	342	$82,944	$367	$243	2
Established Patient Evaluation and Management		99214		15 Minutes	77	92	$27,255	$354	$296	1
Established Patient Evaluation and Management		99215		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221		15 Minutes	4	4	$219	$55	$55	1
Additional Codes-Physician Services		99222		15 Minutes	3	4	$298	$99	$75	1
Additional Codes-Physician Services		99223		Encounter	17	19	$1,367	$80	$72	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	18	69	$4,494	$250	$65	4
Additional Codes-Physician Services		99232		15 Minutes	23	84	$5,622	$244	$67	4
Additional Codes-Physician Services		99233		15 Minutes	16	42	$3,446	$215	$82	3
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	15	16	$4,666	$311	$292	1
Assessment		H0002		Encounter	5	5	$2,752	$550	$550	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	18	118	$51,051	$2,836	$433	7
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	371	381	$210,418	$567	$552	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	405	425	$40,743	$101	$96	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	167	10,843	$16,056	$96	$1	65

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	88	8,287	$488,847	$5,555	$59	94
Community Living Supports in Independent living/own home		H0043		Encounter	3	736	$61,895	$20,632	$84	245
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	4	22	$694	$174	$32	6
Behavior Treatment Plan Review		H2000		Encounter	3	9	$1,743	$581	$194	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	9	$1,743	$581	$194	3
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	119	812	$112,607	$946	$139	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		Encounter	24	23,512	$95,197	$3,967	$4	980
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	2	428	$58,777	$29,388	$137	214
Community Living Supports (Daily)		H2016	TG	Per mile	19	5,051	$613,381	$32,283	$121	266
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	0	0	$0	$0	$0	0
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	43	60,053	$251,626	$5,852	$4	1,397
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	12	84	$3,287	$274	$39	7
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	283	283	$19,361	$68	$68	1
Health Services		T1002		15 Minutes	454	1,334	$86,206	$190	$65	3
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	3	88	$4,797	$1,599	$55	29
Targeted Case Management		T1017		Per Diem	156	10,165	$622,511	$3,990	$61	65
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	4	62	$3,963	$991	$64	16
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	4	1,157	$88,975	$22,244	$77	289
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	17	4,287	$484,548	$28,503	$113	252
Assessments		T1023		15 Minutes	98	107	$144,323	$1,473	$1,349	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

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Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	13	0	$73,007	$5,616	$0	0
Total Population and Cost					**1,073**		**$5,396,102**			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	492	$242,348	$60,587	$493	123
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	38	$24,576	$4,096	$647	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	216	1,721	$968,465	$4,484	$563	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	8	$3,085	$3,085	$386	8
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	7	39	$11,522	$1,646	$295	6
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			293	294	$81,345	$278	$277	1
Assessment		90792		Encounter	562	564	$217,042	$386	$385	1
Mental Health: Outpatient Care		90832		Encounter	106	128	$15,583	$147	$122	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	1,250	5,167	$964,093	$771	$187	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	2	3	$554	$277	$185	2
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	701	1,911	$462,582	$660	$242	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	11	37	$7,597	$691	$205	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	604	5,578	$770,746	$1,276	$138	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	8	79	$11,913	$1,489	$151	10
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	2	2	$113	$56	$56	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	7	15	$5,817	$831	$388	2

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	0	0	$0	$0	$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	1	1	$0	$0	$0	1
New Patient Evaluation and Management		99203		Per Hour	6	6	$1,539	$257	$257	1
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	2	2	$862	$431	$431	1
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	2	2	$862	$431	$431	1
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	135	1,300	$72,620	$538	$56	10
Established Patient Evaluation and Management		99212		Encounter	217	274	$24,917	$115	$91	1
Established Patient Evaluation and Management		99213		Encounter	1,289	2,442	$383,379	$297	$157	2
Established Patient Evaluation and Management		99214		15 Minutes	135	164	$38,341	$284	$234	1
Established Patient Evaluation and Management		99215		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221		15 Minutes	3	3	$161	$54	$54	1
Additional Codes-Physician Services		99222		15 Minutes	23	25	$1,883	$82	$75	1
Additional Codes-Physician Services		99223		Encounter	71	75	$4,352	$61	$58	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	10	10	$850	$85	$85	1
Additional Codes-Physician Services		99232		15 Minutes	86	284	$14,206	$165	$50	3
Additional Codes-Physician Services		99233		15 Minutes	91	320	$18,273	$201	$57	4
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	2	2	$206	$103	$103	1
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	3	3	$1,731	$577	$577	1
Additional Codes-Transportation		A0427		Encounter	1	1	$1,098	$1,098	$1,098	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	2	2	$689	$345	$345	1
Assessment		H0002		Encounter	112	113	$45,385	$405	$402	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	50	300	$87,545	$1,751	$292	6
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	134	$1,849	$1,849	$14	134
Prevention Services - Direct Model		H0025		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	494	499	$148,252	$300	$297	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	38	4,131	$112,237	$2,954	$27	109
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	177	36,445	$405,872	$2,293	$11	206

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$595,220	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	55	11,334	$1,751,945	$31,854	$155	206
Community Living Supports in Independent living/own home		H0043		Encounter	4	699	$233,946	$58,486	$335	175
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	11	28	$1,581	$144	$56	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	13	79	$4,406	$339	$56	6
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	73	304	$59,346	$813	$195	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	3	1,019	$4,076	$1,359	$4	340
Community Living Supports (15 Minutes)		H2015		Encounter	298	69,862	$566,630	$1,901	$8	234
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	7	1,622	$66,323	$9,475	$41	232
Community Living Supports (Daily)		H2016	TG	Per mile	44	9,346	$1,157,506	$26,307	$124	212
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	57	286	$24,554	$431	$86	5
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	1,328	3,126	$414,103	$312	$132	2
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		15 Minutes	1	2	$48	$48	$24	2
Respite Care		T1005		Encounter	1	285	$450	$450	$2	285
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	600	4,508	$1,390,677	$2,318	$308	8
Targeted Case Management		T1017		Per Diem	570	14,171	$3,468,336	$6,085	$245	25
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	29	272	$67,972	$2,344	$250	9
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	34	6,311	$112,703	$3,315	$18	186
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	8	1,656	$57,694	$7,212	$35	207
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	10	2,995	$272,054	$27,205	$91	300
Assessments		T1023		15 Minutes	153	201	$233,903	$1,529	$1,164	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	44	50	$2,960	$67	$59	1
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	8	$74	$74	$9	8
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**3,445**		**$15,640,998**			

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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	566	$316,880	$105,627	$560	189
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	31	$21,650	$7,217	$698	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	84	780	$416,462	$4,958	$534	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		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
Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			191	200	$96,430	$505	$482	1
Assessment		90792		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90832		Encounter	91	127	$8,046	$88	$63	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	296	1,402	$246,720	$834	$176	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	241	1,152	$376,252	$1,561	$327	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	6	26	$5,305	$884	$204	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	40	489	$55,062	$1,377	$113	12
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	2	8	$1,017	$509	$127	4
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	22	266	$28,907	$1,314	$109	12
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	365	843	$185,607	$509	$220	2
Established Patient Evaluation and Management		99213		Encounter	387	807	$228,536	$591	$283	2
Established Patient Evaluation and Management		99214		15 Minutes	162	218	$84,074	$519	$386	1
Established Patient Evaluation and Management		99215		15 Minutes	15	25	$16,277	$1,085	$651	2
Additional Codes-Physician Services		99221		15 Minutes	5	7	$623	$125	$89	1
Additional Codes-Physician Services		99222		15 Minutes	50	54	$6,789	$136	$126	1
Additional Codes-Physician Services		99223		Encounter	6	6	$892	$149	$149	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	33	150	$6,099	$185	$41	5
Additional Codes-Physician Services		99232		15 Minutes	58	323	$20,276	$350	$63	6
Additional Codes-Physician Services		99233		15 Minutes	6	8	$713	$119	$89	1
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	7	89	$24,863	$3,552	$279	13
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	3	14	$5,109	$1,703	$365	5
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	192	198	$59,682	$311	$301	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	305	328	$103,733	$340	$316	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	5	17	$3,662	$732	$215	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	19	1,580	$103,044	$5,423	$65	83
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	13	135	$6,279	$483	$47	10

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$137,705	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	51	6,119	$494,432	$9,695	$81	120
Community Living Supports in Independent living/own home		H0043		Encounter	2	336	$56,143	$28,072	$167	168
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	3	10	$945	$315	$95	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	13	87	$7,458	$574	$86	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	2	6,382	$16,091	$8,046	$3	3,191
Community Living Supports (15 Minutes)		H2015		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	7	2,224	$333,586	$47,655	$150	318
Behavior Services		H2019		Per mile	5	44	$3,413	$683	$78	9
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	23	670	$6,126	$266	$9	29
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	2	15	$893	$447	$60	8
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	3	3	$900	$300	$300	1
Health Services		T1002		15 Minutes	29	120	$16,138	$556	$134	4
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	2	5	$1,071	$536	$214	3
Supports Coordination/Wrap Facilitation		T1016		Per Diem	294	6,919	$783,836	$2,666	$113	24
Targeted Case Management		T1017		Per Diem	15	504	$45,188	$3,013	$90	34
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	6	130	$14,729	$2,455	$113	22
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	6	1,216	$48,885	$8,148	$40	203
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	1	263	$13,841	$13,841	$53	263
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	4	746	$101,981	$25,495	$137	187
Assessments		T1023		15 Minutes	72	91	$62,014	$861	$681	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	1	2	$35	$35	$18	2
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		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
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	3	$22	$22	$7	3
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	65	0	$27,725	$427	$0	0
Other				Month	242	0	$26,953	$111	$0	0
Aggregate for 'J' Codes		ALL		Service	25	0	$190,372	$7,615	$0	0
Total Population and Cost					**774**		**$4,819,471**			

Van Buren

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	1,032	$522,192	$74,599	$506	147
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	17	204	$154,632	$9,096	$758	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	49	401	$302,132	$6,166	$753	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			523	529	$131,503	$251	$249	1
Assessment		90792		Encounter	223	229	$64,953	$291	$284	1
Mental Health: Outpatient Care		90832		Encounter	209	333	$28,638	$137	$86	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	482	2,096	$323,332	$671	$154	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	329	1,336	$276,768	$841	$207	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	7	9	$1,514	$216	$168	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	186	2,003	$109,967	$591	$55	11
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	5	15	$2,970	$594	$198	3
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	19	56	$4,119	$217	$74	3
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$320	$320	$320	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		Encounter	2	16	$928	$464	$58	8
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	1	8	$444	$444	$56	8
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	2	2	$119	$59	$59	1
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	$48	$48	$48	1
Established Patient Evaluation and Management		99213		Encounter	433	640	$52,244	$121	$82	1
Established Patient Evaluation and Management		99214		15 Minutes	581	1,682	$210,795	$363	$125	3
Established Patient Evaluation and Management		99215		15 Minutes	13	13	$2,494	$192	$192	1
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	19	20	$2,208	$116	$110	1
Additional Codes-Physician Services		99223		Encounter	6	6	$667	$111	$111	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	21	73	$2,410	$115	$33	3
Additional Codes-Physician Services		99232		15 Minutes	31	135	$6,561	$212	$49	4
Additional Codes-Physician Services		99233		15 Minutes	13	43	$1,954	$150	$45	3
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	201	217	$42,931	$214	$198	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	14	64	$25,699	$1,836	$402	5
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	2	25	$17,294	$8,647	$692	13
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	190	190	$43,707	$230	$230	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	738	897	$173,774	$235	$194	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	6	10	$1,980	$330	$198	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	1	219	$26,782	$26,782	$122	219
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	125	2,051	$19,159	$153	$9	16

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	100	9,027	$853,761	$8,538	$95	90
Community Living Supports in Independent living/own home		H0043		Encounter	11	2,336	$359,490	$32,681	$154	212
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	4	5	$1,235	$309	$247	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	317	1,281	$60,801	$192	$47	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	19	19,163	$177,023	$9,317	$9	1,009
Community Living Supports (15 Minutes)		H2015		Encounter	18	7,552	$39,440	$2,191	$5	420
Community Living Supports (Daily)		H2016		Encounter	48	7,012	$1,679,817	$34,996	$240	146
Community Living Supports (Daily)		H2016	TF	15 Minutes	1	31	$1,588	$1,588	$51	31
Community Living Supports (Daily)		H2016	TG	Per mile	22	1,755	$272,846	$12,402	$155	80
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	3	38	$0	$0	$0	13
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	38	8,621	$82,569	$2,173	$10	227
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	67	90,091	$733,291	$10,945	$8	1,345
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	19	119	$10,311	$543	$87	6
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	19	92	$7,367	$388	$80	5
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	24	27	$6,486	$270	$240	1
Health Services		T1002		15 Minutes	16	83	$7,190	$449	$87	5
Respite Care		T1005		Encounter	3	947	$4,963	$1,654	$5	316
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	12	207	$33,753	$2,813	$163	17
Targeted Case Management		T1017		Per Diem	164	4,725	$637,925	$3,890	$135	29
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	7	70	$9,422	$1,346	$135	10
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	50	8,657	$314,450	$6,289	$36	173
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	3	206	$8,070	$2,690	$39	69
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		15 Minutes	120	159	$45,720	$381	$288	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**1,624**		**$7,902,758**			

Washtenaw

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	14	3,253	$1,539,255	$109,947	$473	232
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	59	662	$402,191	$6,817	$608	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	310	2,578	$2,007,334	$6,475	$779	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	10	$9,069	$9,069	$907	10
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	24	248	$84,893	$3,537	$342	10
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Interactive Complexity - Add On Code		90785		Per Screen	1	1	$276	$276	$276	1
Assessment		90791			24	24	$5,377	$224	$224	1
Assessment		90792		Encounter	315	319	$75,249	$239	$236	1
Mental Health: Outpatient Care		90832		Encounter	68	109	$13,309	$196	$122	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	168	467	$86,204	$513	$185	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	216	1,104	$288,696	$1,337	$262	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	11	95	$23,361	$2,124	$246	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	166	1,665	$595,054	$3,585	$357	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Encounter 75-80 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
Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	553	6,039	$449,422	$813	$74	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$487	$244	$244	1
Occupational Therapy		97004		Encounter	1	2	$519	$519	$259	2
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	124	403	$30,942	$250	$77	3
Established Patient Evaluation and Management		99212		Encounter	632	1,365	$140,936	$223	$103	2
Established Patient Evaluation and Management		99213		Encounter	1,497	3,832	$372,432	$249	$97	3
Established Patient Evaluation and Management		99214		15 Minutes	1,050	2,462	$267,792	$255	$109	2
Established Patient Evaluation and Management		99215		15 Minutes	113	192	$24,576	$217	$128	2
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	169	178	$27,960	$165	$157	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	172	1,422	$254,865	$1,482	$179	8
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	828	920	$364,108	$440	$396	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	39	123	$24,227	$621	$197	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	6	946	$59,144	$9,857	$63	158
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	170	3,977	$275,447	$1,620	$69	23

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	170	17,550	$1,371,708	$8,069	$78	103
Community Living Supports in Independent living/own home		H0043		Encounter	97	8,545	$1,269,531	$13,088	$149	88
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	491	2,332	$184,694	$376	$79	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	178	36,208	$391,408	$2,199	$11	203
Community Living Supports (15 Minutes)		H2015		Encounter	115	843,535	$2,125,708	$18,484	$3	7,335
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	18	5,576	$319,561	$17,753	$57	310
Community Living Supports (Daily)		H2016	TG	Per mile	40	12,922	$1,719,789	$42,995	$133	323
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	2	61	$3,805	$1,903	$62	31
Wraparound (SED Waiver)		H2022		Per one-way trip	2	18	$4,841	$2,420	$269	9
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	84	58,578	$801,933	$9,547	$14	697
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	96	65,858	$383,294	$3,993	$6	686
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	1	1	$276	$276	$276	1
Health Services		S9446		15 minutes	245	2,092	$636,679	$2,599	$304	9
Health Services		S9470		15 Minutes	1	1	$138	$138	$138	1
Prevention Services - Direct Model		S9482			6	133	$8,301	$1,383	$62	22
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	3	18	$6,493	$2,164	$361	6
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	938	958	$115,314	$123	$120	1
Health Services		T1002		15 Minutes	968	8,168	$510,827	$528	$63	8
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	7	70	$10,510	$1,501	$150	10
Targeted Case Management		T1017		Per Diem	2,251	31,088	$4,121,958	$1,831	$133	14
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	20	286	$80,169	$4,008	$280	14
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	35	10,676	$201,243	$5,750	$19	305
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	9	2,835	$149,376	$16,597	$53	315
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	7	2,139	$261,151	$37,307	$122	306
Assessments		T1023		15 Minutes	563	781	$223,264	$397	$286	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

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Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	95	851	$43,597	$459	$51	9
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	181	0	$1,740,601	$9,617	$0	0
Total Population and Cost					**3,362**		**$24,109,293**			

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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	5	180	$83,014	$16,603	$461	36
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	17	182	$120,489	$7,088	$662	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	85	733	$485,268	$5,709	$662	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			135	136	$84,309	$625	$620	1
Assessment		90792		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90832		Encounter	52	85	$9,200	$177	$108	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	$0	$0	$0	0
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	58	127	$21,798	$376	$172	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	$0	$0	$0	0
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	175	1,953	$447,413	$2,557	$229	11
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	21	35	$3,967	$189	$113	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	1	6	$680	$680	$113	6
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	10	23	$5,793	$579	$252	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	98	808	$72,874	$744	$90	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	4	5	$759	$190	$152	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	20	31	$7,203	$360	$232	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	40	435	$77,656	$1,941	$179	11
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	927	3,149	$792,279	$855	$252	3
Established Patient Evaluation and Management		99214		15 Minutes	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	$0	$0	$0	0
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	3	3	$3,648	$1,216	$1,216	1
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	12	51	$19,814	$1,651	$389	4
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	483	524	$173,255	$359	$331	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	38	385	$87,807	$2,311	$228	10
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	144	152	$64,041	$445	$421	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	140	146	$30,448	$217	$209	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	0	0	$0	$0	$0	0
Home Based Services		H0036		Encounter	4	921	$61,689	$15,422	$67	230
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	$0	$0	$0	0

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	65	19,148	$854,575	$13,147	$45	295
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	$0	$0	$0	0
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	314	1,697	$192,355	$613	$113	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	19	8,990	$48,007	$2,527	$5	473
Community Living Supports (15 Minutes)		H2015		Encounter	452	49,856	$424,773	$940	$9	110
Community Living Supports (Daily)		H2016		Encounter	24	1,978	$199,541	$8,314	$101	82
Community Living Supports (Daily)		H2016	TF	15 Minutes	15	1,406	$89,253	$5,950	$63	94
Community Living Supports (Daily)		H2016	TG	Per mile	43	4,621	$722,678	$16,806	$156	107
Behavior Services		H2019		Per mile	0	0	$0	$0	$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	5	171	$1,968	$394	$12	34
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	$0	$0	$0	0
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter	0	0	$0	$0	$0	0
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	1	288	$302	$302	$1	288
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	33	166	$36,469	$1,105	$220	5
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	1	968	$1,404	$1,404	$1	968
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	68	74	$27,269	$401	$369	1
Health Services		T1002		15 Minutes	8	17	$973	$122	$57	2
Respite Care		T1005		Encounter	7	157	$1,780	$254	$11	22
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	1	2	$756	$756	$378	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	0	0	$0	$0	$0	0
Targeted Case Management		T1017		Per Diem	602	24,567	$1,419,481	$2,358	$58	41
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	14	2,462	$83,166	$5,940	$34	176
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	11	2,741	$172,875	$15,716	$63	249
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	5	1,573	$148,916	$29,783	$95	315
Assessments		T1023		15 Minutes	47	51	$28,162	$599	$552	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

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Transportation		T2003		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	25	0	$176,227	$7,049	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	$0	$0	$0	0
Total Population and Cost					**1,438**		**$7,284,334**			

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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	6	1,124	$568,744	$94,791	$506	187
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	74	$29,219	$4,870	$395	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	42	375	$213,849	$5,092	$570	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	$0	$0	$0	0
ECT Anesthesia	0370			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	$0	$0	$0	0
ECT Recovery Room	0710			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	$0	$0	$0	0
Crisis Observation Care	0762			# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	$0	$0	$0	0

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Interactive Complexity - Add On Code		90785		Per Screen	0	0	$0	$0	$0	0
Assessment		90791			0	0	$0	$0	$0	0
Assessment		90792		Encounter	62	62	$28,187	$455	$455	1
Mental Health: Outpatient Care		90832		Encounter	11	12	$2,270	$206	$189	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	1	1	$48	$48	$48	1
Assessment		90833		Encounter	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90834		Encounter	150	785	$240,179	$1,601	$306	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	15	47	$4,849	$323	$103	3
Assessment		90836		Encounter 20-30 Min	0	0	$0	$0	$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	2	2	$1,223	$611	$611	1
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	$0	$0	$0	0
Assessment		90838		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	$0	$0	$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	1	2	$85	$85	$43	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	6	206	$11,696	$1,949	$57	34
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	3	$443	$443	$148	3
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Psychological Testing by Comp		96103		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96105		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96110		30 Minutes	0	0	$0	$0	$0	0
Assessments-Other		96111		45 Minutes	0	0	$0	$0	$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	$0	$0	$0	0
Medication Administration		96372		60 Minutes	1	6	$62	$62	$10	6
Physical Therapy		97001		First 30-74 Min.	0	0	$0	$0	$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	1	2	$518	$518	$259	2
Occupational or Physical Therapy		97110		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		Encounter	1	22	$131	$131	$6	22
Occupational or Physical Therapy		97532		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97755		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97802		Encounter	0	0	$0	$0	$0	0
Assessment or Health Services		97803		First Hour	0	0	$0	$0	$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99203		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
New Patient Evaluation and Management		99204		Encounter	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	$0	$0	$0	0
New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99211		Per Hour	25	375	$35,099	$1,404	$94	15
Established Patient Evaluation and Management		99212		Encounter	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99213		Encounter	243	746	$83,061	$342	$111	3
Established Patient Evaluation and Management		99214		15 Minutes	0	0	$0	$0	$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221		15 Minutes	5	5	$440	$88	$88	1
Additional Codes-Physician Services		99222		15 Minutes	11	11	$984	$89	$89	1
Additional Codes-Physician Services		99223		Encounter	17	19	$1,671	$98	$88	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231		15 Minutes	13	31	$1,435	$110	$46	2
Additional Codes-Physician Services		99232		15 Minutes	20	61	$4,337	$217	$71	3
Additional Codes-Physician Services		99233		15 Minutes	19	48	$3,619	$190	$75	3
Assessment		99324		15 Minutes	0	0	$0	$0	$0	0
Assessment		99325		15 Minutes	0	0	$0	$0	$0	0
Assessment		99326		15 minutes	0	0	$0	$0	$0	0
Assessment		99327		15 Minutes	0	0	$0	$0	$0	0
Assessment		99328		Encounter	0	0	$0	$0	$0	0
Assessment		99334		Encounter	0	0	$0	$0	$0	0
Assessment		99335		Encounter	0	0	$0	$0	$0	0
Assessment		99336		Encounter	0	0	$0	$0	$0	0
Assessment		99337		Encounter	0	0	$0	$0	$0	0
Assessment		99341		Encounter	0	0	$0	$0	$0	0
Assessment		99342		Encounter	0	0	$0	$0	$0	0
Assessment		99343		Encounter	0	0	$0	$0	$0	0
Assessment		99344		Encounter	0	0	$0	$0	$0	0
Assessment		99345		Encounter	0	0	$0	$0	$0	0
Assessment		99347		Encounter	0	0	$0	$0	$0	0
Assessment		99348		Encounter	0	0	$0	$0	$0	0
Assessment		99349		Encounter	0	0	$0	$0	$0	0
Assessment		99350		50 Minutes	0	0	$0	$0	$0	0
Medication Administration		99506		15 Minutes	0	0	$0	$0	$0	0
Medication Management		99605		35 Minutes	0	0	$0	$0	$0	0
Transportation		A0080		15 Minutes	0	0	$0	$0	$0	0
Transportation		A0090		25 minutes	0	0	$0	$0	$0	0
Transportation		A0100		35 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
Substance Abuse: Transportation		A0100		Encounter	0	0	$0	$0	$0	0
Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	$0	$0	$0	0
Transportation		A0120		Encounter	0	0	$0	$0	$0	0
Transportation		A0130		Encounter	0	0	$0	$0	$0	0
Transportation		A0140		Encounter	0	0	$0	$0	$0	0
Transportation		A0170		Encounter	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Encounter	2	134	$2,082	$1,041	$16	67
Additional Codes-Transportation		A0427		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	6	8	$1,550	$258	$194	1
Assessment		H0002		Encounter	57	58	$19,145	$336	$330	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Encounter	19	137	$56,331	$2,965	$411	7
Substance Abuse: Residential	1002	H0018		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	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		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H0030		Encounter	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	248	271	$107,262	$433	$396	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	184	202	$25,556	$139	$127	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		Encounter	210	275	$25,796	$123	$94	1
Home Based Services		H0036		Encounter	2	29	$2,944	$1,472	$102	15
Home Based Services		H0036	ST	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		Encounter	12	1,548	$28,323	$2,360	$18	129

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Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	313	$9,271	$9,271	$30	313
Community Living Supports in Independent living/own home		H0043		Encounter	5	1,358	$311,574	$62,315	$229	272
Respite		H0045		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	$0	$0	$0	0
Behavior Treatment Plan Review		H2000		Encounter	4	11	$2,502	$626	$227	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	5	$311	$311	$62	5
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		H2011		Encounter	17	107	$9,676	$569	$90	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1	263	$545	$545	$2	263
Community Living Supports (15 Minutes)		H2015		Encounter	10	15,321	$62,770	$6,277	$4	1,532
Community Living Supports (Daily)		H2016		Encounter	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	7	863	$82,666	$11,809	$96	123
Community Living Supports (Daily)		H2016	TG	Per mile	8	2,162	$347,586	$43,448	$161	270
Behavior Services		H2019		Per mile	7	1,267	$62,707	$8,958	$49	181
Crisis Intervention		H2020		Per one-way trip	0	0	$0	$0	$0	0
Wraparound		H2021		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022		Per one-way trip	0	0	$0	$0	$0	0
Wraparound (SED Waiver)		H2022	TT	Per one-way trip	0	0	$0	$0	$0	0
Supported Employment Services		H2023		Per one-way trip	2	34	$2,145	$1,073	$63	17
Mental Health Therapy		H2027			0	0	$0	$0	$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	26	21,215	$148,002	$5,692	$7	816
Home Based Services		H2033		Items	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	3	23	$327	$109	$14	8
Medication Review		M0064		Encounter	5	14	$732	$146	$52	3
Transportation		S0209		Encounter	0	0	$0	$0	$0	0
Transportation		S0215		Encounter	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	$0	$0	$0	0
Family Training - EBP		S5110		Encounter	0	0	$0	$0	$0	0
Family Training		S5111		Days	0	0	$0	$0	$0	0
Family Training		S5111	HA	Days	0	0	$0	$0	$0	0
Family Training		S5111	HM	Days	0	0	$0	$0	$0	0

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Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		Days	0	0	$0	$0	$0	0
Respite		S5151		Encounter	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		Encounter	0	0	$0	$0	$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		15 Minutes	0	0	$0	$0	$0	0
Health Services		S9446		15 minutes	0	0	$0	$0	$0	0
Health Services		S9470		15 Minutes	0	0	$0	$0	$0	0
Prevention Services - Direct Model		S9482			0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	$0	$0	$0	0
Residential Room and Board		S9976		Per diem	0	0	$0	$0	$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	6	18	$932	$155	$52	3
Health Services		T1002		15 Minutes	270	819	$75,966	$281	$93	3
Respite Care		T1005		Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TD	Encounter	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 minutes	0	0	$0	$0	$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	$0	$0	$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	7	151	$10,799	$1,543	$72	22
Targeted Case Management		T1017		Per Diem	139	5,042	$355,990	$2,561	$71	36
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	1	8	$572	$572	$72	8
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	2	438	$23,136	$11,568	$53	219
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	9	2,001	$118,317	$13,146	$59	222
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	586	$63,027	$21,009	$108	195
Assessments		T1023		15 Minutes	159	199	$116,718	$734	$587	1
Prevention Services - Direct Model		T1027		Days	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	$0	$0	$0	0
Transportation		T2001		15 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	$0	$0	$0	0
Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	$0	$0	$0	0

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Transportation		T2003		15 Minutes	1	201	$79	$79	$0	201
Substance Abuse Services: Transportation		T2003		Hour	0	0	$0	$0	$0	0
Transportation		T2004		Per Diem	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	3	138	$178	$59	$1	46
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	$0	$0	$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	$0	$0	$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	10	$1,295	$1,295	$129	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	$0	$0	$0	0
Crisis Intervention		T2034		Encounter	0	0	$0	$0	$0	0
Respite Care		T2036		Encounter	0	0	$0	$0	$0	0
Respite Care		T2037		Days	0	0	$0	$0	$0	0
Housing Assistance		T2038		Days	1	4	$3,423	$3,423	$856	4
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	$0	$0	$0	0
Goods and Services		T5999	HK	Per Diem	0	0	$0	$0	$0	0
Wraparound Services		T5999		Per diem	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	$0	$0	$0	0
Other				Month	0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL		Service	7	0	$2,094	$299	$0	0
Total Population and Cost					**616**		**$3,314,482**			