# SECTION 404 (2)(c) Part 1 TOTAL CMHSP COSTS BY SERVICE CATEGORY FY 2013

## Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2013 MDCH/CMHSP contract. Cost data were collected for the reporting period October 1, 2012 to September 30, 2013 and submitted to MDCH by February 28, 2014. The data in this section represent the total statewide CMHSP costs for each of the three consumer populations (Adults with Mental Illness, Children with an Emotional Disturbance, and Persons with Developmental Disability) by service category. All Department approved services are included.

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

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

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Statewide	Summary
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Statewide Summary				Unit					Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Ullit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	897	157,073	\$71,357,041	\$79,551	\$454	175
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	82	1,130	\$492,005	\$6,000	\$435	14
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7,151	77,379	\$36,854,145	\$5,154	\$476	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	15,021	143,289	\$75,340,144	\$5,016	\$526	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	1	1	\$286	\$286	\$286	1
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	y 0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	2,441	4,120	\$956,329	\$392	\$232	2
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	36	404	\$221,043	\$6,140	\$547	11
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	1,519	10,002	\$2,297,627	\$1,513	\$230	7
Outpatient Partial Hospitalization	0913			Days	33	141	\$94,769	\$2,872	\$672	4
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	2	401	\$4,335	\$2,168	\$11	201
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Drug Screen for Methadone Clients Only Drug Screen for Methadone Clients Only Interactive Complexity - Add On Code Assessment Assessment Assessment Substance Abuse: Psychiatric Evaluation Assessment-Psychiatric Assessment Substance Abuse: Psychiatric Evaluation Therapy-Individual Therapy Substance Abuse: Outpatient Treatment  090	\$ 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	HCPCS Code 80100 80101 90785 90791 90792 90801 90802 90802 90804	Modifier	Unit Measure Per Screen Per Screen  Encounter Encounter Encounter Encounter Encounter Encounter Encounter Encounter	Cases  558  0  176  19,882  17,039  13,018  15  29  0	Units 682 0 272 22,095 19,357 14,723 15 44 0	\$15,524 \$0 \$15,354 \$4,473,030 \$4,876,041 \$3,982,172 \$1,439 \$8,262	Cost/Case \$28 \$0 \$87 \$225 \$286 \$306 \$96	\$23 \$0 \$56 \$202 \$252 \$270 \$96	Unit/Case  1 0 2 1 1 1 1 2
Drug Screen for Methadone Clients Only Interactive Complexity - Add On Code Assessment Assessment Assessment Substance Abuse: Psychiatric Evaluation Assessment-Psychiatric Assessment Substance Abuse: Psychiatric Evaluation Therapy-Individual Therapy Substance Abuse: Outpatient Treatment  090	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	80101 90785 90791 90792 90801 90801 90802 90802		Encounter Encounter Encounter Encounter Encounter Encounter Encounter	0 176 19,882 17,039 13,018 15 29	0 272 22,095 19,357 14,723 15 44	\$0 \$15,354 \$4,473,030 \$4,876,041 \$3,982,172 \$1,439 \$8,262	\$0 \$87 \$225 \$286 \$306 \$96	\$0 \$56 \$202 \$252 \$270 \$96	0 2 1 1 1
Interactive Complexity - Add On Code Assessment Assessment Assessment Assessment-Psychiatric Assessment Substance Abuse: Psychiatric Evaluation Assessment-Psychiatric Evaluation Therapy-Individual Therapy Substance Abuse: Outpatient Treatment  090	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	90785 90791 90792 90801 90801 90802 90802		Encounter Encounter Encounter Encounter Encounter Encounter	176 19,882 17,039 13,018 15 29	272 22,095 19,357 14,723 15 44	\$15,354 \$4,473,030 \$4,876,041 \$3,982,172 \$1,439 \$8,262	\$87 \$225 \$286 \$306 \$96	\$56 \$202 \$252 \$270 \$96	2 1 1 1 1
Assessment Assessment Assessment Assessment-Psychiatric Assessment Substance Abuse: Psychiatric Evaluation Assessment-Psychiatric Evaluation Therapy-Individual Therapy Substance Abuse: Outpatient Treatment  090	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	90791 90792 90801 90801 90802 90802		Encounter Encounter Encounter Encounter Encounter	19,882 17,039 13,018 15 29	22,095 19,357 14,723 15 44	\$4,473,030 \$4,876,041 \$3,982,172 \$1,439 \$8,262	\$225 \$286 \$306 \$96	\$202 \$252 \$270 \$96	1 1 1
Assessment Assessment-Psychiatric Assessment Substance Abuse: Psychiatric Evaluation Assessment-Psychiatric Assessment Substance Abuse: Psychiatric Evaluation Therapy-Individual Therapy Substance Abuse: Outpatient Treatment 090	5 5 5 5 5 5 5 9 9 9 9 9 9 9 9 9 9 9 9 9	90792 90801 90801 90802 90802		Encounter Encounter Encounter Encounter Encounter	17,039 13,018 15 29 0	19,357 14,723 15 44	\$4,876,041 \$3,982,172 \$1,439 \$8,262	\$286 \$306 \$96	\$252 \$270 \$96	1 1
Assessment-Psychiatric Assessment  Substance Abuse: Psychiatric Evaluation  Assessment-Psychiatric Assessment  Substance Abuse: Psychiatric Evaluation  Therapy-Individual Therapy  Substance Abuse: Outpatient Treatment 090	5 5 5 5 5 9 00, 0914, 0915, 5 16, 0919	90801 90801 90802 90802		Encounter Encounter Encounter Encounter	13,018 15 29 0	14,723 15 44	\$3,982,172 \$1,439 \$8,262	\$306 \$96	\$270 \$96	1
Substance Abuse: Psychiatric Evaluation Assessment-Psychiatric Assessment Substance Abuse: Psychiatric Evaluation Therapy-Individual Therapy Substance Abuse: Outpatient Treatment 090	5 5 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	90801 90802 90802 90804		Encounter Encounter Encounter	15 29 0	15 44	\$1,439 \$8,262	\$96	\$96	1
Assessment-Psychiatric Assessment Substance Abuse: Psychiatric Evaluation Therapy-Individual Therapy Substance Abuse: Outpatient Treatment 090	5 5 9 00, 0914, 0915, 5 16, 0919	90802 90802 90804		Encounter Encounter	29 0	44	\$8,262			
Substance Abuse: Psychiatric Evaluation Therapy-Individual Therapy Substance Abuse: Outpatient Treatment 090	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	90802 90804		Encounter	0		•	\$285	\$188	2
Therapy-Individual Therapy Substance Abuse: Outpatient Treatment 090	00, 0914, 0915, 5 16, 0919	90804				0			4.30	
Substance Abuse: Outpatient Treatment 090	00, 0914, 0915, 16, 0919			Encounter 20-30 Min			\$0	\$0	\$0	0
	16, 0919	90804			9,420	14,676	\$1,331,381	\$141	\$91	2
091				Encounter 20-30 Min	1	1	\$46	\$46	\$46	1
Therapy-Individual Therapy	ç	90805		Encounter 20-30 Min	421	598	\$48,022	\$114	\$80	1
	00, 0914, 0915, 16, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	9	90806		Encounter 45-50 Min	23,530	65,060	\$8,472,800	\$360	\$130	3
	00, 0914, 0915, 9 16, 0919	90806		Encounter 45-50 Min	10	19	\$1,839	\$184	\$97	2
Therapy-Individual Therapy	9	90807		Encounter 45-50 Min	287	332	\$39,330	\$137	\$118	1
	00, 0914, 0915, 9 16, 0919	90807		Encounter 45-50 Min	44	75	\$10,437	\$237	\$139	2
Therapy-Individual Therapy	9	90808		Encounter 75-80 Min	1,231	2,811	\$446,872	\$363	\$159	2
	00, 0914, 0915, 16, 0919	90808		Encounter 75-80 Min	1	1	\$105	\$105	\$105	1
Therapy-Individual Therapy	Ģ	90809		Encounter 75-80 Min	1	2	\$420	\$420	\$210	2
	00, 0914, 0915, 16, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	ç	90810		Encounter 20-30 Min	14	17	\$1,512	\$108	\$89	1
	00, 0914, 0915, 16, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	ç	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
	00, 0914, 0915, 16, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	ç	90812		Encounter 45-50 Min	18	42	\$5,360	\$298	\$128	2
	00, 0914, 0915, 16, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	ç	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
	00, 0914, 0915, 16, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	ç	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
	00, 0914, 0915, 16, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

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Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	9	10	\$1,383	\$154	\$138	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	6	9	\$2,651	\$442	\$295	2
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	1	1	\$79	\$79	\$79	1
Therapy-Individual Therapy		90826		Encounter 45-50 Min	26	133	\$4,914	\$189	\$37	5
Substance Abuse: Psychotherapy (Individual Therapy)	0900, 0914, 0915, 0916, 0919	90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	1	3	\$238	\$238	\$79	3
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	21,196	45,825	\$3,195,238	\$151	\$70	2
Substance abuse: Outpatient Care		90832		30 Minutes	1	1	\$44	\$44	\$44	1
Assessment		90833		30 Minutes	602	1,181	\$62,676	\$104	\$53	2
Mental Health: Outpatient Care		90834		45 Minutes	32,727	131,775	\$14,080,062	\$430	\$107	4
Substance abuse: Outpatient Care		90834		45 Minutes	37	41	\$3,947	\$107	\$96	1
Assessment		90836		45 Minutes	363	633	\$57,755	\$159	\$91	2
Mental Health: Outpatient Care		90837		60 Minutes	19,811	77,769	\$13,234,089	\$668	\$170	4
Substance abuse: Outpatient Care		90837		60 Minutes	15	37	\$4,255	\$284	\$115	2
Assessment		90838		60 Minutes	40	78	\$4,493	\$112	\$58	2
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	62	98	\$17,694	\$285	\$181	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	9	36	\$3,070	\$341	\$85	4
Therapy-Family Therapy		90846		Encounter	384	2,337	\$196,192	\$511	\$84	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1,078	3,045	\$459,003	\$426	\$151	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	1	3	\$185	\$185	\$62	3
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	14,673	132,182	\$8,917,220	\$608	\$67	9

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

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Statewide Suilli	nary			TT 14						
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter	2	2	\$88	\$44	\$44	1
Therapy-Group Therapy		90857		Encounter	21	111	\$4,005	\$191	\$36	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	54,943	85,792	\$10,948,197	\$199	\$128	2
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	995	1,663	\$255,884	\$257	\$154	2
Additional Codes-ECT Physician		90870		Encounter	7	38	\$11,295	\$1,614	\$297	5
Additional Codes-ECT Physician	0901	90870		Encounter	1	37	\$1,606	\$1,606	\$43	37
Assessments-Other		90887		Encounter	1,934	2,906	\$158,188	\$82	\$54	2
Speech & Language Therapy		92506		Encounter	3	3	\$1,797	\$599	\$599	1
Speech & Language Therapy		92507		Encounter	2	17	\$5,053	\$2,527	\$297	9
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	761	1,622	\$382,988	\$503	\$236	2
Psychological Testing by Technician		96102		Per Hour	84	112	\$10,247	\$122	\$91	1
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	182	254	\$68,690	\$377	\$270	1
Assessments-Other		96111		Encounter	7	7	\$950	\$136	\$136	1
Neurobehavioral Status Exam		96116		Per Hour	11	16	\$1,576	\$143	\$98	1
Neuropsych test by Psych/Phys		96118		Per Hour	14	19	\$5,222	\$373	\$275	1
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	9,296	118,022	\$7,764,600	\$835	\$66	13
Physical Therapy		97001		Encounter	10	10	\$4,508	\$451	\$451	1
Physical Therapy		97002		Encounter	3	5	\$1,951	\$650	\$390	2
Occupational Therapy		97003		Encounter	138	155	\$50,105	\$363	\$323	1
Occupational Therapy		97004		Encounter	20	23	\$7,646	\$382	\$332	1
Occupational or Physical Therapy		97110		15 Minutes	19	251	\$5,172	\$272	\$21	13
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	152	2,861	\$150,230	\$988	\$53	19

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	11	117	\$2,442	\$222	\$21	11
Occupational or Physical Therapy		97535		15 Minutes	52	1,947	\$98,221	\$1,889	\$50	37
Occupational or Physical Therapy		97537		15 Minutes	4	60	\$3,034	\$759	\$51	15
Occupational or Physical Therapy		97542		15 Minutes	1	2	\$320	\$320	\$160	2
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	138	705	\$58,954	\$427	\$84	5
Assessment or Health Services		97803		15 Minutes	89	1,143	\$47,549	\$534	\$42	13
Health Services		97804		30 Minutes	2	2	\$615	\$307	\$307	1
Substance Abuse: Accupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Accupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99201		Encounter	342	349	\$38,314	\$112	\$110	1
Psychiatric Evaluation and Medicaid Management		99202		Encounter	418	434	\$53,147	\$127	\$122	1
Psychiatric Evaluation and Medicaid Management		99203		Encounter	672	681	\$101,163	\$151	\$149	1
Substance Abuse: Physician Evaluation		99203		Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99204		Encounter	464	470	\$105,698	\$228	\$225	1
Substance Abuse: Physician Evaluation		99204		Encounter	1	1	\$107	\$107	\$107	1
Psychiatric Evaluation and Medicaid Management		99205		Encounter	290	292	\$113,091	\$390	\$387	1
Substance Abuse: Physician Evaluation		99205		Encounter	173	175	\$97,959	\$566	\$560	1
Psychiatric Evaluation and Medicaid Management		99211		Encounter	10,526	30,689	\$2,573,770	\$245	\$84	3
Psychiatric Evaluation and Medicaid Management		99212		Encounter	21,780	47,051	\$4,460,526	\$205	\$95	2
Psychiatric Evaluation and Medicaid Management		99213		Encounter	54,217	151,050	\$16,492,196	\$304	\$109	3
Psychiatric Evaluation and Medicaid Management		99214		Encounter	20,349	40,275	\$7,386,310	\$363	\$183	2
Psychiatric Evaluation and Medicaid Management		99215		Encounter	3,340	4,276	\$1,294,584	\$388	\$303	1
Additional Codes-Physician Services		99221		30 Minutes	382	407	\$40,271	\$105	\$99	1
Additional Codes-Physician Services		99222		50 Minutes	1,550	1,793	\$247,729	\$160	\$138	1
Additional Codes-Physician Services		99223		70 Minutes	892	1,014	\$97,088	\$109	\$96	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2,063	8,274	\$458,293	\$222	\$55	4
Additional Codes-Physician Services		99232		25 minutes	2,091	8,940	\$612,093	\$293	\$68	4
Additional Codes-Physician Services		99233		35 Minutes	916	2,951	\$224,689	\$245	\$76	3
Additional Codes-Physician Services		99241		Encounter	4	4	\$678	\$170	\$170	1
Additional Codes-Physician Services		99242		Encounter	111	111	\$12,687	\$114	\$114	1

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summar	y			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99243		Encounter	1	1	\$318	\$318	\$318	1
Additional Codes-Physician Services		99244		Encounter	65	66	\$17,610	\$271	\$267	1
Additional Codes-Physician Services		99245		Encounter	1	1	\$22	\$22	\$22	1
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	310	343	\$68,614	\$221	\$200	1
Additional Codes-Physician Services		99253		Encounter	82	83	\$29,083	\$355	\$350	1
Additional Codes-Physician Services		99254		Encounter	4	4	\$371	\$93	\$93	1
Additional Codes-Physician Services		99255		Encounter	11	11	\$1,344	\$122	\$122	1
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	6	6	\$596	\$99	\$99	1
Assessment		99335		Encounter	18	20	\$1,914	\$106	\$96	1
Assessment		99336		Encounter	12	13	\$1,218	\$102	\$94	1
Assessment		99337		Encounter	2	2	\$125	\$63	\$63	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	1	1	\$355	\$355	\$355	1
Assessment		99348		Encounter	2	4	\$856	\$428	\$214	2
Assessment		99349		Encounter	4	6	\$605	\$151	\$101	2
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	46	89	\$12,647	\$275	\$142	2
Medication Management		99605		15 Minutes	996	122,314	\$4,747,380	\$4,766	\$39	123
Transportation		A0080		Per mile	7	599	\$2,727	\$390	\$5	86
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation	Revenue code	A0100	Woulder	Per one-way trip	179	287	\$12,551	\$70	\$44	2
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	13	13	\$426	\$33	\$33	1
Substance Abuse: Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	144	2,742	\$28,118	\$195	\$10	19
Transportation		A0130		Per one-way trip	202	228	\$20,134	\$100	\$88	1
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	1,407	39,726	\$1,618,091	\$1,150	\$41	28
Additional Codes-Transportation		A0427		Refer to code descriptions.	392	442	\$121,165	\$309	\$274	1
Enhanced Medical Equipment-Supplies		E1399		Items	3	4	\$432	\$144	\$108	1
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	460	3,039	\$559,808	\$1,217	\$184	7
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	1,294	8,372	\$440,272	\$340	\$53	6
Assessment		H0002		Encounter	24,488	27,853	\$4,436,092	\$181	\$159	1
Substance Abuse:Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	381	3,174	\$59,490	\$156	\$19	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	363	2,031	\$266,878	\$735	\$131	6
Substance Abuse: Case Management		H0006		Encounter	15	32	\$480	\$32	\$15	2
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	56	194	\$52,380	\$935	\$270	3
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	37	110	\$24,750	\$669	\$225	3
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	3,189	24,054	\$7,250,784	\$2,274	\$301	8
Substance Abuse: Residential	1002	H0018		Days	483	4,444	\$1,558,350	\$3,226	\$351	9
Substance Abuse: Residential	1002	H0019		Days	22	1,334	\$211,389	\$9,609	\$158	61
Substance Abuse: Methadone		H0020		Encounter	136	26,544	\$618,663	\$4,549	\$23	195
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1,392	56,118	\$2,774,069	\$1,993	\$49	40
Prevention Services - Direct Model		H0025		Face to Face Contact	217	2,122	\$296,354	\$1,366	\$140	10
Crisis Intervention		H0030		Per Service	224	260	\$45,848	\$205	\$176	1
Assessment		H0031		Encounter	65,773	85,254	\$17,309,853	\$263	\$203	1
Treatment Planning		H0032		Encounter	47,722	74,274	\$10,976,136	\$230	\$148	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	6,449	10,671	\$1,908,048	\$296	\$179	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide	Summary
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Statewide Summar	y			T I						
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		H0034		15 Minutes	2,444	10,620	\$785,436	\$321	\$74	4
Home Based Services		H0036		15 Minutes	978	96,085	\$6,898,025	\$7,053	\$72	98
Home Based Services		H0036	ST	15 Minutes	1	12	\$788	\$788	\$66	12
Peer Directed and Operated Support Services		H0038		15 minutes	16,603	616,196	\$11,692,400	\$704	\$19	37
Substance Abuse: Recovery Support Services		H0038	TF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			926	5,742	\$4,346,260	\$4,694	\$757	6
Assertive Community Treatment (ACT)		H0039		15 Minutes	5,807	1,043,580	\$60,344,563	\$10,392	\$58	180
Community Living Supports in Independent living/own	n home	H0043		Per diem	1,396	267,018	\$21,979,841	\$15,745	\$82	191
Respite		H0045		Days	88	3,144	\$115,931	\$1,317	\$37	36
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		H0050		15 Minutes	2	2	\$68	\$34	\$34	1
Behavior Treatment Plan Review		H2000		Encounter	372	844	\$83,195	\$224	\$99	2
Behavior Treatment Plan Review - Monitoring Activiti	ies	H2000	TS	Encounter	140	686	\$97,950	\$700	\$143	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	23,483	217,449	\$10,311,509	\$439	\$47	9
Skill-Building and Out of Home Non Vocational Habil	litation	H2014		15 minutes	3,605	2,474,807	\$9,968,374	\$2,765	\$4	686
Community Living Supports (15 Minutes)		H2015		15 Minutes	7,625	6,672,211	\$27,903,644	\$3,659	\$4	875
Community Living Supports (Daily)		H2016		Per Diem	1,094	231,641	\$11,450,667	\$10,467	\$49	212
Community Living Supports (Daily)		H2016	TF	Per Diem	1,131	195,500	\$13,234,461	\$11,702	\$68	173
Community Living Supports (Daily)		H2016	TG	Per Diem	4,184	891,813	\$82,929,101	\$19,821	\$93	213
Behavior Services		H2019		15 Minutes	940	85,963	\$3,220,722	\$3,426	\$37	91
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	41	2,715	\$258,435	\$6,303	\$95	66
Wraparound (SED Waiver)		H2022		Days	9	90	\$21,715	\$2,413	\$241	10
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	3,658	743,538	\$8,992,844	\$2,458	\$12	203
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4,064	4,701,038	\$24,739,453	\$6,087	\$5	1,157
Home Based Services		H2033		15 Minutes	6	708	\$44,459	\$7,410	\$63	118
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Per Diem	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	9,795	21,218	\$2,378,645	\$243	\$112	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		S0215		Per Mile	3	806	\$677	\$226	\$1	269
Substance Abuse Services: Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
					0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	139	1,707	\$80,309	\$578	\$47	12
Family Training		S5111		Encounter	179	1,267	\$222,737	\$1,244	\$176	7
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	11	120	\$39,296	\$3,572	\$327	11
Foster Care		S5140		Days	39	10,650	\$341,838	\$8,765	\$32	273
Foster Care		S5145		Days	1	365	\$125,878	\$125,878	\$345	365
Respite		S5150		15 Minutes	2	1,462	\$1,873	\$937	\$1	731
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	2	2	\$209	\$105	\$105	1
Personal Emergency Response System (PERS)		S5161		Month	51	458	\$298,643	\$5,856	\$652	9
Environmental Modification		S5165		Service	2	2	\$11,267	\$5,633	\$5,633	1
Enhanced Medical Equipment-Supplies		S5199		Items	14	51	\$8,367	\$598	\$164	4
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	12,289	32,082	\$1,956,287	\$159	\$61	3
Health Services		S9446		Encounter	1,145	6,576	\$1,012,669	\$884	\$154	6
Health Services		S9470		Encounter	82	341	\$67,642	\$825	\$198	4
Prevention Services - Direct Model		S9482		15 minutes	99	6,068	\$404,938	\$4,090	\$67	61
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	677	5,839	\$967,294	\$1,429	\$166	9
Reidential Room and Board		S9976		Days	1,905	30,774	\$1,591,032	\$835	\$52	16
Substance Abuse Services: Residential Room and Board		S9976		Days	1	1	\$134	\$134	\$134	1
Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	18,940	22,651	\$2,697,698	\$142	\$119	1
Health Services		T1002		Up to 15 min	19,554	97,582	\$6,531,168	\$334	\$67	5
Respite Care		T1005		15 Minutes	221	96,154	\$363,117	\$1,643	\$4	435
Respite Care		T1005	TD	15 Minutes	1	204	\$4,539	\$4,539	\$22	204
Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	4	387	\$1,212	\$303	\$3	97
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	5	47	\$705	\$141	\$15	9
Family Psycho-Education - EBP		T1015		Encounter	209	515	\$96,714	\$463	\$188	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	11,317	216,209	\$16,826,273	\$1,487	\$78	19
Targeted Case Management		T1017		15 minutes	65,024	2,104,899	\$114,448,753	\$1,760	\$54	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1,225	17,778	\$1,640,976	\$1,340	\$92	15

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

States	vide !	Summa	arv

Statewide Summary				TT 1:						
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1,939	444,092	\$14,437,387	\$7,446	\$33	229
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1,190	185,223	\$10,890,578	\$9,152	\$59	156
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2,660	565,784	\$27,913,015	\$10,494	\$49	213
Assessments		T1023		Encounter	14,658	20,149	\$9,298,846	\$634	\$462	1
Prevention Services - Direct Model		T1027		15 Minutes	28	1,362	\$85,071	\$3,038	\$62	49
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,425	7,503	\$368,867	\$259	\$49	5
Transportation		T2001		Encounter	2	6	\$90	\$45	\$15	3
Substance Abuse Services: Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	215	152,608	\$100,128	\$466	\$1	710
Substance Abuse Services: Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	2,539	32,235	\$756,524	\$298	\$23	13
Substance Abuse Services: Transportation		T2003		Encounter / Trip	25	51	\$559	\$22	\$11	2
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	224	1,967	\$239,873	\$1,071	\$122	9
Enhanced Medical Equipment-Supplies		T2028		Items	13	35	\$13,227	\$1,017	\$378	3
Enhanced Medical Equipment-Supplies		T2029		Items	4	14	\$1,768	\$442	\$126	4
Crisis Intervention		T2034		Days	1	5	\$3,012	\$3,012	\$602	5
Respite Care		T2036		Per session. One night = one session	5	55	\$6,451	\$1,290	\$117	11
Respite Care		T2037		Per session. One day/partial day = one session	1	5	\$316	\$316	\$63	5
Housing Assistance		T2038		Service	1,668	9,354	\$3,578,003	\$2,145	\$383	6
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					7,815	0	\$4,098,613	\$524	\$0	0
Other					852	0	\$375,788	\$441	\$0	0
Aggregate for 'J' Codes		ALL			1,441	0	\$8,623,031	\$5,984	\$0	0
Total Population and Cost					169,695		\$893,862,615			<del></del>

Statewide summary

State of Michigan

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Children with Serious Emotional Disturbance SUB-ELEMENT COST REPORT: Fiscal Year 2013

Unit Service Category Measure Units Cost Cost/Case Cost/Unit Unit/Case Revenue Code HCPCS Code Modifier Cases State Psychiatric Hospital - Inpatient PT22 0100, 0101, 0114, PT22 Days 344 \$3,745,526 \$10,888 \$255 43 0124, 0134, 0154 State Mental Retardation Facility - Inpatient (ICF/MR) PT65 PT65 33 \$231,254 \$7,008 11 Days 373 \$620 Local Psychiatric Hospital/IMD PT68 0100, 0101, 0114, PT68 2,393 20,506 \$12,689,596 \$5,303 \$619 9 Days 0124, 0134, 0154 PT73 Local Psychiatric Hospital - Acute Community PT73 0100, 0101, 0114, Days 661 4,984 \$3,513,505 \$5,315 \$705 0124, 0134, 0154 0144 0 0 \$0 \$0 \$0 Inpatient Hospital Ancillary Services - Room and Board Days 0 Inpatient Hospital Ancillary Services - Leave of Absence Days 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0 0 \$0 \$0 \$0 0 0258 0 \$0 \$0 \$0 Inpatient Hospital Ancillary Services - Medical/Surgical 0270-0272 # of items 0 0 Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307 # of tests 0 0 \$0 \$0 \$0 0 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Radiology # of tests 0 \$0 \$0 \$0 0 ECT Anesthesia 0 Inpatient Hospital Ancillary Services - Respiratory Services 0410 # of treatments 0 0 \$0 \$0 \$0 0 0420-0424 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services -Physical Therapy # of treatments 0430-0434 0 \$0 \$0 \$0 Inpatient Hospital Ancillary Services - Occupational Therapy # of treatments 0 0 Inpatient Hospital Ancillary Services - Speech-Language 0 0440-0444 0 \$0 \$0 \$0 0 # of treatments Pathology Inpatient Hospital Ancillary Services - Emergency Room 0450 # of visits 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Pulmonary Function 0460 # of tests 0 0 \$0 \$0 \$0 0 0 \$0 \$0 \$0 Inpatient Hospital Ancillary Services - Audiology 0470-0472 # of tests 0 0 Inpatient Hospital Ancillary Services - Magnetic Resonance 0 0 \$0 \$0 \$0 0 0610-0611 # of tests Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of units 0 0 \$0 \$0 0 ECT Recovery Room 0710 0 0 \$0 \$0 0 Inpatient Hospital Ancillary Services -EKG/ECG 0730-0731 # of tests 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - EEG 0740 # of tests 0 0 \$0 \$0 \$0 0 0 \$0 Crisis Observation Care 0762 0 \$0 \$0 0 39 \$25,287 \$648 39 Additional Codes-ECT Facility Charge 0901 Encounter \$25,287 Inpatient Hospital Ancillary Services -0900, 0902-0904, # of visits 0 0 \$0 \$0 \$0 0 Psychiatric/Psychological Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 1,242 11,415 \$3,131,499 \$2,521 \$274 9 Outpatient Partial Hospitalization 0913 2 19 \$5,351 \$2,676 \$282 10 Days Inpatient Hospital Ancillary Services - Other Diagnosis 0925 # of tests 0 0 \$0 \$0 \$0 0 Services Inpatient Hospital Ancillary Services - Other Therapeutic 0940-0942 # of visits 0 0 \$0 \$0 \$0 0

Division of Quality Management and Planning

**CMHSP Cost Data by Service Category** State of Michigan

Children with Serious Emotional Disturbance SUB-ELEMENT COST REPORT: Fiscal Year 2013 QMPmeasures@michigan.gov

Statewide summary Unit Service Category Measure Units Cost Cost/Case Cost/Unit Unit/Case Revenue Code HCPCS Code Modifier Cases Additional Codes-ECT Anesthesia 00104 0 0 \$0 \$0 0 Minutes \$0 Additional Codes-ECT Anesthesia 0901 00104 Minutes 0 0 \$0 \$0 \$0 0 Drug Screen for Methadone Clients Only 80100 Per Screen 0 0 \$0 \$0 \$0 0 Drug Screen for Methadone Clients Only 80101 0 0 \$0 \$0 \$0 0 Per Screen Interactive Complexity - Add On Code 90785 376 1,172 \$39,192 \$104 \$33 3 Assessment for Autism 90785 U5 0 0 \$0 \$0 \$0 0 Assessment 90791 Encounter 3,234 3,597 \$1,065,584 \$329 \$296 1 90791 U5 0 \$0 0 Assessment for Autism Encounter 0 \$0 Assessment 90792 Encounter 4,497 4,696 \$1,598,225 \$355 \$340 1 Assessment for Autism 90792 U5 Encounter \$0 0 Assessment-Psychiatric Assessment 90801 2,319 2,407 \$1,002,007 \$432 \$416 Encounter Substance Abuse: Psychiatric Evaluation 90801 Encounter 0 \$0 0 2 256 Assessment-Psychiatric Assessment 90802 Encounter 620 \$120,749 \$472 \$195 Substance Abuse: Psychiatric Evaluation 90802 Encounter 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90804 Encounter 20-30 Min 2,242 3,646 \$417,029 \$186 \$114 2 0900, 0914, 0915, Encounter 20-30 Min 0 0 \$0 \$0 \$0 0 Substance Abuse: Outpatient Treatment 90804 0916, 0919 Therapy-Individual Therapy 90805 Encounter 20-30 Min 23 24 \$3,497 \$152 \$146 Substance Abuse: Outpatient Treatment 0900, 0914, 0915, 90805 Encounter 20-30 Min 0 0 \$0 \$0 0916, 0919 Encounter 45-50 Min Therapy-Individual Therapy 90806 6,905 20,203 \$3,324,883 \$482 \$165 3 Substance Abuse: Outpatient Treatment 0900, 0914, 0915, 90806 Encounter 45-50 Min \$65 \$65 \$65 0916, 0919 Therapy-Individual Therapy 90807 Encounter 45-50 Min 24 24 \$4,080 \$170 \$170 1 16 \$138 2 Substance Abuse: Outpatient Treatment 0900, 0914, 0915, 90807 Encounter 45-50 Min 30 \$4,136 \$259 0916, 0919 Therapy-Individual Therapy 90808 Encounter 75-80 Min 466 1,499 \$246,185 \$528 3 \$164 Substance Abuse: Outpatient Treatment 0900, 0914, 0915, 90808 Encounter 75-80 Min \$0 \$0 0 0916, 0919 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0 \$0 \$0 0 Substance Abuse: Outpatient Treatment 0900, 0914, 0915, 90809 Encounter 75-80 Min 0 0 \$0 \$0 \$0 0 0916, 0919 75 Therapy-Individual Therapy 90810 Encounter 20-30 Min 150 \$8,405 \$112 \$56 2 0 0 \$0 \$0 Substance Abuse: Outpatient Treatment 0900, 0914, 0915, 90810 Encounter 20-30 Min \$0 0 0916, 0919 Therapy-Individual Therapy 90811 Encounter 20-30 Min 0 0 \$0 \$0 \$0 0 0900, 0914, 0915, \$0 Substance Abuse: Outpatient Treatment 90811 Encounter 20-30 Min 0 0 \$0 \$0 0 0916, 0919

Encounter 45-50 Min

148

393

\$56,949

\$145

3

\$385

90812

Division of Quality Management and Planning Michigan Department of Community Health

Therapy-Individual Therapy

State of Michigan Children with Serious Emotional Disturbance QMPmeasures@michigan.gov

SUB-ELEMENT COST REPORT: Fiscal Year 2013

Statewide summary	•			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	3	3	\$967	\$322	\$322	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	18	54	\$4,854	\$270	\$90	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	1	\$100	\$100	\$100	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	7	\$1,405	\$1,405	\$201	7
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	154	639	\$21,851	\$142	\$34	4
Substance Abuse: Psychotherapy (Individual Therapy)	0900, 0914, 0915, 0916, 0919	90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	1	4	\$188	\$188	\$47	4
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	4,865	10,722	\$888,855	\$183	\$83	2
Substance abuse: Outpatient Care		90832		30 Minutes	1	1	\$44	\$44	\$44	1
Assessment		90833		30 Minutes	28	37	\$4,525	\$162	\$122	1
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	10,084	41,576	\$4,848,430	\$481	\$117	4
Substance abuse: Outpatient Care		90834		45 Minutes	6	6	\$378	\$63	\$63	1
Assessment		90836		45 Minutes	14	14	\$2,247	\$161	\$161	1
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	7,562	28,220	\$5,362,873	\$709	\$190	4
Substance abuse: Outpatient Care		90837		60 Minutes	7	7	\$939	\$134	\$134	1
Assessment		90838		60 Minutes	3	3	\$626	\$209	\$209	1
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	10	13	\$2,108	\$211	\$162	1

State of Michigan Children with Serious Emotional Disturbance SUB-ELEMENT COST REPORT: Fiscal Year 2013 QMPmeasures@michigan.gov

Statewide summary	,			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	3	6	\$786	\$262	\$131	2
Therapy-Family Therapy		90846		Encounter	3,670	11,916	\$1,704,770	\$465	\$143	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	12,646	59,196	\$9,339,327	\$739	\$158	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	1	1	\$206	\$206	\$206	1
Therapy-Family Therapy		90849		Encounter	124	441	\$70,125	\$566	\$159	4
Therapy-Family Therapy		90849	HS	Encounter	113	396	\$31,476	\$279	\$79	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	1,843	16,489	\$1,337,980	\$726	\$81	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	170	3,168	\$149,560	\$880	\$47	19
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	9,222	15,877	\$2,729,291	\$296	\$172	2
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	89	120	\$21,063	\$237	\$176	1
Additional Codes-ECT Physician		90870		Encounter	1	24	\$11,259	\$11,259	\$469	24
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	563	620	\$93,474	\$166	\$151	1
Speech & Language Therapy		92506		Encounter	18	18	\$5,791	\$322	\$322	1
Speech & Language Therapy		92507		Encounter	13	98	\$9,146	\$704	\$93	8
Speech & Language Therapy		92508		Encounter	1	1	\$24	\$24	\$24	1
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1,363	3,497	\$1,210,885	\$888	\$346	3
Assessment for Autism		96101	U5	Hour	4	20	\$8,828	\$2,207	\$441	5
Psychological Testing by Technician		96102		Per Hour	40	83	\$11,697	\$292	\$141	2
Assessment for Autism		96102	U5	Hour	1	1	\$333	\$333	\$333	1
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	1,861	2,292	\$1,175,357	\$632	\$513	1
Assessments-Other		96111		Encounter	21	34	\$5,408	\$258	\$159	2
Neurobehavioral Status Exam		96116		Per Hour	1	1	\$120	\$120	\$120	1
Neuropsych test by Psych/Phys		96118		Per Hour	15	66	\$9,544	\$636	\$145	4

State of Michigan Children with Serious Emotional Disturbance QMPmeasures@michigan.gov

SUB-ELEMENT COST REPORT: Fiscal Year 2013

Statewide summary Unit Service Category Measure Units Cost Cost/Case Cost/Unit Unit/Case Revenue Code HCPCS Code Modifier Cases 96118 U5 2 2 \$701 \$351 \$351 Assessment for Autism Hour 1 Neuropsych test by Tech 96119 Per Hour 2 18 \$1,480 \$740 \$82 9 96119 U5 Hour 0 0 \$0 \$0 \$0 0 Assessment for Autism 96120 0 0 \$0 \$0 \$0 0 Neuropsych test Admin w/Comp Per Hour Medication Administration 96372 42 411 \$22,514 \$536 \$55 10 Encounter Physical Therapy 97001 Encounter 1 1 \$132 \$132 \$132 1 Physical Therapy 97002 0 0 \$0 \$0 \$0 0 Encounter 97003 98 103 \$31.598 \$322 \$307 Occupational Therapy Encounter 1 Occupational Therapy 97004 Encounter 5 5 \$1,197 \$239 \$239 1 Occupational or Physical Therapy 97110 15 Minutes 11 82 \$17,307 \$1,573 \$211 7 97112 15 Minutes 0 0 \$0 \$0 0 Occupational or Physical Therapy Occupational or Physical Therapy 97113 15 Minutes 0 0 \$0 \$0 0 0 \$0 0 Occupational or Physical Therapy 97116 15 Minutes 0 \$0 \$0 Occupational or Physical Therapy 97124 15 Minutes 0 0 \$0 \$0 \$0 0 Occupational or Physical Therapy 97140 15 Minutes 0 0 \$0 \$0 \$0 0 3 8 \$30 3 Occupational or Physical Therapy 97150 \$240 \$80 Encounter 97530 62 1,509 \$23,786 \$16 24 Occupational or Physical Therapy 15 Minutes \$384 97532 0 \$0 0 Occupational or Physical Therapy 15 Minutes 0 \$0 \$0 Occupational or Physical Therapy 97533 15 Minutes 38 717 \$37,064 \$975 \$52 19 Occupational or Physical Therapy 97535 2 30 \$2,106 \$1,053 \$70 15 15 Minutes Occupational or Physical Therapy 97537 15 Minutes 1 3 \$312 \$312 \$104 3 0 Occupational or Physical Therapy 97542 15 Minutes 0 \$0 \$0 \$0 0 97750 0 0 \$0 \$0 \$0 0 Occupational or Physical Therapy 15 Minutes Occupational Therapy 97755 15 Minutes 0 0 \$0 \$0 \$0 0 97760 0 0 \$0 \$0 \$0 0 Occupational or Physical Therapy 15 Minutes Prosthetic Training (Children's Waiver) 97761 15 Minutes 0 0 \$0 \$0 \$0 0 C/O for Orthotic/Prosth Use or Physical Therapy 97762 15 minutes 0 0 \$0 \$0 \$0 0 Assessment or Health Services 97802 15 Minutes 309 2,244 \$77,413 \$251 \$34 7 Assessment or Health Services 97803 15 Minutes 394 14,737 \$509,423 \$1,293 \$35 37 33 7 97804 30 Minutes 5 \$2,588 \$518 \$78 Health Services Substance Abuse: Accupuncture 97810 Encounter 0 0 \$0 \$0 \$0 0 Substance Abuse: Accupuncture 97811 Encounter 0 0 \$0 \$0 \$0 0 99201 16 17 \$1,836 \$115 \$108 Psychiatric Evaluation and Medicaid Management Encounter 1 Assessment for Autism 99201 U5 0 0 \$0 \$0 \$0 0 Encounter 99202 54 56 \$5,797 \$107 \$104 Psychiatric Evaluation and Medicaid Management Encounter 1 Assessment for Autism 99202 U5 Encounter 0 0 \$0 \$0 \$0 0

State of Michigan Children with Serious Emotional Disturbance QMPmeasures@michigan.gov

SUB-ELEMENT COST REPORT: Fiscal Year 2013

Statewide summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Psychiatric Evaluation and Medicaid Management		99203		Encounter	47	47	\$10,852	\$231	\$231	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Physician Evaluation		99203		Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99204		Encounter	78	79	\$27,815	\$357	\$352	1
Assessment for Autism		99204	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Physician Evaluation		99204		Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99205		Encounter	98	100	\$36,222	\$370	\$362	1
Assessment for Autism		99205	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Physician Evaluation		99205		Encounter	17	17	\$10,768	\$633	\$633	1
Psychiatric Evaluation and Medicaid Management		99211		Encounter	824	1,725	\$202,590	\$246	\$117	2
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99212		Encounter	2,343	4,657	\$389,871	\$166	\$84	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99213		Encounter	9,216	24,069	\$3,670,459	\$398	\$152	3
Assessment for Autism		99213	U5	Encounter	1	1	\$273	\$273	\$273	1
Psychiatric Evaluation and Medicaid Management		99214		Encounter	6,073	14,674	\$2,731,275	\$450	\$186	2
Assessment for Autism		99214	U5	Encounter	1	1	\$397	\$397	\$397	1
Psychiatric Evaluation and Medicaid Management		99215		Encounter	986	1,469	\$527,017	\$535	\$359	1
Assessment for Autism		99215	U5	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	65	71	\$7,376	\$113	\$104	1
Additional Codes-Physician Services		99222		50 Minutes	262	291	\$43,665	\$167	\$150	1
Additional Codes-Physician Services		99223		70 Minutes	15	34	\$2,608	\$174	\$77	2
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	145	359	\$28,112	\$194	\$78	2
Additional Codes-Physician Services		99232		25 minutes	287	1,359	\$127,117	\$443	\$94	5
Additional Codes-Physician Services		99233		35 Minutes	61	83	\$7,598	\$125	\$92	1
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	25	25	\$11,564	\$463	\$463	1
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	4	4	\$1,071	\$268	\$268	1
Additional Codes-Physician Services		99253		Encounter	3	3	\$1,205	\$402	\$402	1

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2013

QMPmeasures@michigan.gov

State of Michigan

Statewide summ	nary			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2013

QMPmeasures@michigan.gov

State of Michigan

Statewide	summary
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Statewide summa	ry			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	17	73	\$5,277	\$310	\$72	4
Assessment for Autism		99350	U5	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	1	1	\$221	\$221	\$221	1
Medicaition Administration (Children's Waiver)		99506		Encounter	0	0	\$0	\$0	\$0	0
Medication Management		99605		15 Minutes	5	324	\$12,660	\$2,532	\$39	65
Transportation		A0080		Per mile	4	551	\$0	\$0	\$0	138
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	39	1,905	\$11,001	\$282	\$6	49
Additional Codes-Transportation		A0427		Refer to code descriptions.	18	20	\$4,513	\$251	\$226	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	4	9	\$1,701	\$425	\$189	2
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	2,504	12,954	\$470,001	\$188	\$36	5
Assessment		H0002		Encounter	7,774	10,903	\$1,858,287	\$239	\$170	1
Substance Abuse:Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	15	90	\$2,081	\$139	\$23	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	9	14	\$2,006	\$223	\$143	2
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0

**CMHSP Cost Data by Service Category** State of Michigan QMPmeasures@michigan.gov

Children with Serious Emotional Disturbance SUB-ELEMENT COST REPORT: Fiscal Year 2013

Statewide summary

Statewide summa	ary			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	225	1,832	\$657,725	\$2,923	\$359	8
Substance Abuse: Residential	1002	H0018		Days	3	76	\$9,880	\$3,293	\$130	25
Substance Abuse: Residential	1002	H0019		Days	1	158	\$25,280	\$25,280	\$160	158
Substance Abuse: Methadone		H0020		Encounter	1	97	\$2,261	\$2,261	\$23	97
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		Face to Face Contact	573	5,063	\$1,084,865	\$1,893	\$214	9
Crisis Intervention		H0030		Per Service	85	101	\$17,634	\$207	\$175	1
Assessment		H0031		Encounter	22,276	38,205	\$10,092,335	\$453	\$264	2
Assessment for Autism		H0031	U5	Encounter	66	111	\$43,547	\$660	\$392	2
Treatment Planning		H0032		Encounter	15,965	52,486	\$5,993,738	\$375	\$114	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1,905	3,313	\$647,094	\$340	\$195	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	163	289	\$25,306	\$155	\$88	2
Home Based Services		H0036		15 Minutes	8,475	979,592	\$57,544,141	\$6,790	\$59	116
Home Based Services		H0036	ST	15 Minutes	74	6,441	\$372,292	\$5,031	\$58	87
Peer Directed and Operated Support Services		H0038		15 minutes	116	420	\$8,183	\$71	\$19	4
Substance Abuse: Recovery Support Services		H0038	TF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	10	809	\$60,174	\$6,017	\$74	81
Community Living Supports in Independent living/own	home	H0043		Per diem	2	157	\$27,639	\$13,819	\$176	79
Respite		H0045		Days	506	4,131	\$903,689	\$1,786	\$219	8
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	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		H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	63	222	\$40,327	\$640	\$182	4
Behavior Treatment Plan Review - Monitoring Activitie	s	H2000	TS	Encounter	8	11	\$1,395	\$174	\$127	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	5,428	40,208	\$3,132,515	\$577	\$78	7
Skill-Building and Out of Home Non Vocational Habilit	tation	H2014		15 minutes	606	141,069	\$452,605	\$747	\$3	233

Division of Quality Management and Planning

**CMHSP Cost Data by Service Category** State of Michigan

Children with Serious Emotional Disturbance SUB-ELEMENT COST REPORT: Fiscal Year 2013 QMPmeasures@michigan.gov

Statewide summ	nary			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,872	710,895	\$5,061,479	\$2,704	\$7	380
Community Living Supports (Daily)		H2016		Per Diem	5	560	\$31,584	\$6,317	\$56	112
Community Living Supports (Daily)		H2016	TF	Per Diem	6	1,065	\$309,330	\$51,555	\$290	178
Community Living Supports (Daily)		H2016	TG	Per Diem	110	9,317	\$2,218,460	\$20,168	\$238	85
Behavior Services		H2019		15 Minutes	75	5,491	\$133,380	\$1,778	\$24	73
Applied Behavioral Intervention (ABI).		H2019	U5	15 Minutes	13	2,340	\$141,266	\$10,867	\$60	180
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	1	305	\$27,756	\$27,756	\$91	305
Crisis Intervention		H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1,505	101,057	\$9,217,725	\$6,125	\$91	67
Wraparound (SED Waiver)		H2022		Days	335	9,238	\$2,478,657	\$7,399	\$268	28
Wraparound (SED Waiver)		H2022	TT	Days	18	260	\$81,880	\$4,549	\$315	14
Supported Employment Services		H2023		15 minutes	64	8,007	\$405,634	\$6,338	\$51	125
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	79	\$663	\$663	\$8	79
Home Based Services		H2033		15 Minutes	266	28,736	\$1,866,492	\$7,017	\$65	108
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Per Diem	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	1,296	2,526	\$320,475	\$247	\$127	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	15 Minutes	4	85	\$5,974	\$1,494	\$70	21
Family Training - EBP		S5110		15 Minutes	1	8	\$438	\$438	\$55	8
Family Training		S5111		Encounter	1,804	12,050	\$2,576,747	\$1,428	\$214	7
Family Training		S5111	НА	Encounter	38	276	\$58,953	\$1,551	\$214	7
Family Training		S5111	НМ	Encounter	530	5,263	\$882,198	\$1,665	\$168	10
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	401	4,334	\$1,003,985	\$2,504	\$232	11
Respite		S5150		15 Minutes	28	96,070	\$39,928	\$1,426	\$0	3,431
Respite		S5151		Per Diem	37	264	\$40,942	\$1,107	\$155	7
Respite (Children's Waiver)		S5151	TT	Per diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0

State of Michigan Children with Serious Emotional Disturbance QMPmeasures@michigan.gov

SUB-ELEMENT COST REPORT: Fiscal Year 2013

Statewide summary Unit Service Category Measure Units Cost Cost/Case Cost/Unit Unit/Case Revenue Code HCPCS Code Modifier Cases S5161 12 \$6,062 \$505 12 Personal Emergency Response System (PERS) Month \$6,062 Environmental Modification S5165 Service 0 0 \$0 \$0 \$0 0 Enhanced Medical Equipment-Supplies S5199 9 9 \$1,180 \$131 \$131 1 Items Occupational or Physical Therapy S8990 0 0 \$0 \$0 \$0 0 Encounter S9445 622 1,398 \$151,706 \$244 \$109 2 Health Services Encounter Health Services S9446 Encounter 1 \$18 \$18 \$18 1 Health Services S9470 Encounter 6 16 \$1.601 \$267 \$100 3 Prevention Services - Direct Model S9482 423 24.423 \$977.272 \$40 58 15 minutes \$2.310 Intensive Crisis Stabilization-Enrolled Program S9484 Hour 124 \$147,667 \$1,191 \$164 7 Reidential Room and Board S9976 Days 64 725 \$13,554 \$19 11 Substance Abuse Services: Residential Room and Board S9976 0 0 \$0 \$0 0 Days Private Duty Nursing T1000 Up to 15 min 0 0 \$0 \$0 0 TD \$0 0 Private Duty Nursing T1000 Up to 15 min 0 0 \$0 \$0 TE Private Duty Nursing T1000 Up to 15 min 0 0 \$0 \$0 \$0 0 Assessment T1001 Encounter 1,612 1,652 \$295,908 \$184 \$179 1 \$253 \$86 3 Health Services T1002 3,145 9,231 \$795,931 Up to 15 min T1005 898,350 \$4,888,000 \$5 555 Respite Care 15 Minutes 1,619 \$3,019 TD 110 Respite Care T1005 15 Minutes 223 24,425 \$81,627 \$366 \$3 Respite Care T1005 TE 15 Minutes 18 9,752 \$156,772 \$8,710 \$16 542 Respite Care (Children's Waiver & SED Waiver) T1005 TT 102 67,974 \$169,896 \$1,666 \$2 666 15 minutes Substance Abuse: Child Sitting Services T1009 0 0 \$0 \$0 \$0 0 Encounter Substance Abuse: Recovery Support Services T1012 Encounter 0 0 \$0 \$0 \$0 0 Family Psycho-Education - EBP T1015 7 10 \$188 \$132 Encounter \$1.316 1 Supports Coordination/Wrap Facilitation T1016 15 minutes 2,173 33,843 \$2,714,052 \$1,249 \$80 16 T1017 9,985 314,264 \$19,256,384 \$1,929 \$61 31 Targeted Case Management 15 minutes Nursing Home Mental Health Monitoring T1017 SE 15 minutes 3 10 \$257 \$77 3 \$772 Personal Care in Licensed Specialized Residential Setting T1020 Days 13 1,891 \$64,851 \$4,989 \$34 145 Personal Care in Licensed Specialized Residential Setting T1020 TF Days 22 4,418 \$280,537 \$12,752 \$63 201 Personal Care in Licensed Specialized Residential Setting T1020 TG Days 2 130 \$17,445 \$8,723 \$134 65 T1023 2,563 3,533 \$1,726,216 \$674 \$489 Assessments Encounter 1 18 Prevention Services - Direct Model T1027 15 Minutes 41 720 \$26,757 \$653 \$37 Enhanced Medical Supplies or Pharmacy T1999 Items 48 227 \$51,836 \$1,080 \$228 5 0 \$0 \$0 0 Transportation T2001 Encounter 0 \$0 Substance Abuse Services: Transportation T2001 0 0 \$0 \$0 \$0 0 Encounter T2002 39 20.977 \$11.584 \$297 \$1 538 Transportation Per Diem Substance Abuse Services: Transportation T2002 Per Diem 0 0 \$0 \$0 \$0 0

**CMHSP Cost Data by Service Category** State of Michigan Children with Serious Emotional Disturbance SUB-ELEMENT COST REPORT: Fiscal Year 2013 QMPmeasures@michigan.gov

Statewide summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2003		Encounter / Trip	36	50	\$22,710	\$631	\$454	1
Substance Abuse Services: Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			54	1,290	\$81,449	\$1,508	\$63	24
Fiscal Intermediary Services		T2025		Month	339	2,756	\$85,171	\$251	\$31	8
Enhanced Medical Equipment-Supplies		T2028		Items	9	22	\$2,860	\$318	\$130	2
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Days	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	251	1,461	\$148,485	\$592	\$102	6
Respite Care		T2037		Per session. One day/partial day = one session	156	1,449	\$74,817	\$480	\$52	9
Housing Assistance		T2038		Service	9	10	\$5,794	\$644	\$579	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	3	3	\$1,389	\$463	\$463	1
Wraparound Services		T5999		Per Item	2	2	\$190	\$95	\$95	1
Pharmacy (Drugs and Other Biologicals)					1,097,780	0	\$137,971	\$0	\$0	0
Other					75	0	\$8,394	\$112	\$0	0
Aggregate for 'J' Codes		ALL			5	0	\$23,955	\$4,791	\$0	0
<b>Total Population and Cost</b>					46,253		\$211,719,639			

Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	103	8,660	\$3,371,367	\$32,732	\$389	84
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	381	5,904	\$3,220,759	\$8,453	\$546	15
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	378	4,527	\$2,378,152	\$6,291	\$525	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	32	40	\$6,561	\$205	\$164	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	3	36	\$24,263	\$8,088	\$674	12
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	1	12	\$6,372	\$6,372	\$531	12
Outpatient Partial Hospitalization	0912			Days	161	2,005	\$542,068	\$3,367	\$270	12
Outpatient Partial Hospitalization	0913			Days	5	62	\$10,053	\$2,011	\$162	12
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Persons with Developmental Disabilities

#### SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			161	365	\$8,644	\$54	\$24	2
Assessment for Autism		90785	U5		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	922	922	\$244,987	\$266	\$266	1
Assessment for Autism		90791	U5	Encounter	30	31	\$4,987	\$166	\$161	1
Assessment		90792		Encounter	2,039	2,187	\$630,091	\$309	\$288	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	1,230	1,267	\$377,532	\$307	\$298	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90802		Encounter	12	38	\$7,075	\$590	\$186	3
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1,039	2,150	\$142,052	\$137	\$66	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	41	45	\$5,956	\$145	\$132	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,087	6,634	\$806,537	\$386	\$122	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	31	31	\$5,270	\$170	\$170	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	108	297	\$52,685	\$488	\$177	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	4	7	\$1,076	\$269	\$154	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	7	18	\$1,947	\$278	\$108	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Persons with Developmental Disabilities

#### SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	2	5	\$443	\$221	\$89	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	6	18	\$1,571	\$262	\$87	3
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	8	66	\$11,102	\$1,388	\$168	8
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	7	17	\$476	\$68	\$28	2
Substance Abuse: Psychotherapy (Individual Therapy)	0900, 0914, 0915, 0916, 0919	90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	1,891	7,518	\$457,818	\$242	\$61	4
Substance abuse: Outpatient Care		90832		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	33	57	\$8,515	\$258	\$149	2
Assessment for Autism		90833	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	2,914	15,297	\$1,549,649	\$532	\$101	5
Substance abuse: Outpatient Care		90834		45 Minutes	4	4	\$241	\$60	\$60	1
Assessment		90836		45 Minutes	37	37	\$6,608	\$179	\$179	1
Assessment for Autism		90836	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	1,654	7,290	\$1,194,538	\$722	\$164	4
Substance abuse: Outpatient Care		90837		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	1	1	\$365	\$365	\$365	1
Assessment for Autism		90838	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3	5	\$1,028	\$343	\$206	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	610	1,986	\$203,057	\$333	\$102	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2,147	11,858	\$1,084,524	\$505	\$91	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	1	1	\$206	\$206	\$206	1

Division of Quality Management and Planning

Persons with Developmental Disabilities

#### SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Processor   Proc	Statewide Summary				Unit						
Remark Family	Service Category	Revenue Code		Modifier							
Part								-			· · · · · · · · · · · · · · · · · · ·
Note	Therapy-Family Therapy			HS	Encounter						2
Procure Countrie Trainment	Substance Abuse: Outpatient Treatment		90849		Encounter	0	0	\$0	\$0	\$0	0
Property   Property   1985   Procunter   1985   P	Therapy-Group Therapy		90853		Encounter	680	6,380	\$544,863	\$801	\$85	9
Secondaries About: Cauquation   1906, 2006, 1914, 1915, 1916, 1919   9082   Encounter   8,042   11,168   \$1,806.716   \$236   \$370   \$1   \$1   \$1   \$1   \$1   \$1   \$1   \$	Substance Abuse: Outpatient Treatment		90853		Encounter	0	0	\$0	\$0	\$0	0
Michistan Review   9862   Racounter   8,042   11,08   \$1,896,76   \$256   \$1,00   \$1,	Therapy-Group Therapy		90857		Encounter	8	152	\$7,259	\$907	\$48	19
Subatance Abasi: Medication Review   1000, 1014, 1015, 1010   1	Substance Abuse: Outpatient Treatment		90857		Encounter	0	0	\$0	\$0	\$0	0
	Medication Review		90862		Encounter	8,042	11,168	\$1,896,716	\$236	\$170	1
Medicional Codes-ECT Physician   9001   90870   Encounter   1,108   1,344   \$209,389   \$189   \$1,56   \$1	Substance Abuse: Medication Review		90862		Encounter	324	460	\$81,089	\$250	\$176	1
Second Engage Therapy   9250   Encounter   930   1,04   \$250,339   \$189   \$156   1	Additional Codes-ECT Physician		90870		Encounter	1	32	\$28,908	\$28,908	\$903	32
Speech & Language Therapy   92506   Encounter   930   1,041   \$255,18   \$274   \$245   1	Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy   92507   Encounter   931   19,562   \$1,70,664   \$1,902   \$91   \$21     Speech & Language Therapy   92508   Encounter   42   383   \$19,018   \$435   \$550   \$95     Speech & Language Therapy   9250   Encounter   768   819   \$14,752   \$227   \$213   \$1.00     Speech & Language Therapy   92610   Encounter   768   819   \$14,752   \$227   \$213   \$1.00     Seveluation of Auditory Rehabilitation Status (Children's Waiver)   92620   First Hour   0   0   50   50   50   50     Subtlation of Auditory Rehabilitation Status (Children's Waiver)   92630   Each Additional 15 Minutes   0   0   50   50   50   50     Auditory Rehabilitation Pleing Hearing Loss (Children's Waiver)   92630   Encounter   0   0   50   50   50   50     Waiver   Psychological Testing PSYCH/PHYS   9610   Per Hour   2,062   8,700   \$1,14,770   \$541   \$1328   44     Psychological Testing PSYCH/PHYS   9610   Per Hour   36   147   \$48,273   \$1,341   \$1328   44     Psychological Testing Psy Chemician   96102   Per Hour   36   147   \$48,273   \$1,341   \$1328   44     Psychological Testing Psy Chemician   96102   Per Hour   36   147   \$48,273   \$1,341   \$1328   44     Psychological Testing Psy Chemician   96102   Per Hour   36   147   \$48,273   \$1,341   \$1328   44     Psychological Testing Psy Chemician   96102   Per Hour   36   147   \$48,273   \$1,341   \$1328   44     Psychological Testing Psy Chemician   96103   Per Hour   36   147   \$48,273   \$1,341   \$1328   44     Psychological Testing Psy Chemician   96103   Per Hour   36   147   \$48,273   \$1,341   \$1328   44     Psychological Testing Psy Chemician   96103   Per Hour   36   147   \$48,273   \$1,341   \$133   \$1,341   \$133   \$1,341	Assessments-Other		90887		Encounter	1,108	1,344	\$209,839	\$189	\$156	1
Procedy & Language Therapy   92508   Encounter   42   383   \$19,018   \$453   \$500   9	Speech & Language Therapy		92506		Encounter	930	1,041	\$255,138	\$274	\$245	1
Propect & Language Therapy   9226   Encounter   86   184   \$30,283   \$352   \$165   2	Speech & Language Therapy		92507		Encounter	931	19,562	\$1,770,664	\$1,902	\$91	21
Pope the & Language Therapy   92610   Encounter   768   819   \$174,72   \$227   \$213   1	Speech & Language Therapy		92508		Encounter	42	383	\$19,018	\$453	\$50	9
Evaluation of Auditory Rehabilitation Status (Children's Waiver)  Pevaluation of Auditory Rehabilitation Status (Children's Waiver)  Poundation of Auditory Rehabilitation Status (Children's Waiver)  Poundation Peling Hearing Loss (Children's Waiver)  Poundation Rehabilitation Preling Hearing Loss (Children's Waiver)  Poundation Preling Hearing Loss (Children's Waiver)  Poundation Rehabilitation Preling Hearing Loss (Children's Waiver)  Poundation Rehabilitation Preling Hearing Loss (Children's Waiver)  Poundation	Speech & Language Therapy		92526		Encounter	86	184	\$30,283	\$352	\$165	2
Evaluation of Auditory Rehabilitation Status (Children's Waiver)   92627   Each Additional 15 Minutes   0   0   50   50   50   0   0   0   0	Speech & Language Therapy		92610		Encounter	768	819	\$174,572	\$227	\$213	1
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)  P2633  Encounter  December  De	Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Nation   Park	Evaluation of Auditory Rehabiliation Status (Children's Waiver	,	92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Waiver)         Per Hour         2,062         8,700         \$1,114,770         \$541         \$128         4           Assessment for Autism         96101         U5         Hour         36         147         \$48,273         \$1,341         \$328         4           Psychological Testing by Technician         96102         Per Hour         55         85         \$9,156         \$166         \$108         2           Assessment for Autism         96102         U5         Hour         3         56         \$2,472         \$824         \$44         19           Psychological Testing by Comp         96103         Per Hour         0         0         \$0	Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism 96101 U5 Hour 36 147 \$48,273 \$1,341 \$328 4 Psychological Testing by Technician 96102 Per Hour 55 85 \$9,156 \$166 \$108 2 Assessment for Autism 96102 U5 Hour 3 56 \$2,472 \$824 \$44 19 Psychological Testing by Comp 96103 Per Hour 0 0 0 \$0 \$0 \$0 \$0 Assessments-Other 0 0 0 \$0 \$0 \$0 \$0 Assessments-Other 0 0 0 \$0 \$0 \$0 \$0 Assessments-Other 163 192 \$60,941 \$374 \$317 \$1 Assessments-Other 96110 Encounter 163 192 \$60,941 \$374 \$317 \$1 Assessments-Other 856 1,430 \$130,980 \$153 \$92 \$2 Neurobehavioral Status Exam 96116 Per Hour 482 2,436 \$163,636 \$339 \$67 5 Neuropsych test by Psych/Phys 96118 Per Hour 0 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 96118 U5 Hour 20 23 \$6,796 \$340 \$295 \$1	Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Per Hour   S5   85   89,156   \$166   \$108   \$2   \$2   \$3   \$3   \$5   \$5   \$5   \$5   \$5   \$5	Psychological Testing PSYCH/PHYS		96101		Per Hour	2,062	8,700	\$1,114,770	\$541	\$128	4
Assessment for Autism 96102 U5 Hour 3 56 \$2,472 \$824 \$44 19 Psychological Testing by Comp 96103 Per Hour 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Assessments-Other 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Assessment for Autism		96101	U5	Hour	36	147	\$48,273	\$1,341	\$328	4
Psychological Testing by Comp         96103         Per Hour         0         0         \$0	Psychological Testing by Technician		96102		Per Hour	55	85	\$9,156	\$166	\$108	2
Assessments-Other 96105 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Assessment for Autism		96102	U5	Hour	3	56	\$2,472	\$824	\$44	19
Assessments-Other         96110         Encounter         163         192         \$60,941         \$374         \$317         1           Assessments-Other         96111         Encounter         856         1,430         \$130,980         \$153         \$92         2           Neurobehavioral Status Exam         96116         Per Hour         482         2,436         \$163,636         \$339         \$67         5           Neuropsych test by Psych/Phys         96118         Per Hour         0         0         \$0	Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other 96111 Encounter 856 1,430 \$130,980 \$153 \$92 2 Neurobehavioral Status Exam 96116 Per Hour 482 2,436 \$163,636 \$339 \$67 5 Neuropsych test by Psych/Phys 96118 Per Hour 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Assessment for Autism 96118 U5 Hour 20 23 \$6,796 \$340 \$295 1	Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam         96116         Per Hour         482         2,436         \$163,636         \$339         \$67         5           Neuropsych test by Psych/Phys         96118         Per Hour         0         0         \$0 </td <td>Assessments-Other</td> <td></td> <td>96110</td> <td></td> <td>Encounter</td> <td>163</td> <td>192</td> <td>\$60,941</td> <td>\$374</td> <td>\$317</td> <td>1</td>	Assessments-Other		96110		Encounter	163	192	\$60,941	\$374	\$317	1
Neuropsych test by Psych/Phys 96118 Per Hour 0 0 50 50 50 50 0 Assessment for Autism 20 23 \$6,796 \$340 \$295 1	Assessments-Other		96111		Encounter	856	1,430	\$130,980	\$153	\$92	2
Assessment for Autism 96118 U5 Hour 20 23 \$6,796 \$340 \$295 1	Neurobehavioral Status Exam		96116		Per Hour	482	2,436	\$163,636	\$339	\$67	5
	Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech 96119 Per Hour 0 0 \$0 \$0 \$0 \$0 0	Assessment for Autism		96118	U5	Hour	20	23	\$6,796	\$340	\$295	1
	Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0

#### SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96119	U5	Hour	3	3	\$63	\$21	\$21	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	374	4,938	\$454,132	\$1,214	\$92	13
Physical Therapy		97001		Encounter	407	430	\$116,834	\$287	\$272	1
Physical Therapy		97002		Encounter	93	174	\$62,480	\$672	\$359	2
Occupational Therapy		97003		Encounter	2,224	2,777	\$825,772	\$371	\$297	1
Occupational Therapy		97004		Encounter	1,400	1,604	\$292,704	\$209	\$182	11
Occupational or Physical Therapy		97110		15 Minutes	803	45,161	\$1,061,251	\$1,322	\$23	56
Occupational or Physical Therapy		97112		15 Minutes	19	253	\$13,046	\$687	\$52	13
Occupational or Physical Therapy		97113		15 Minutes	29	627	\$14,478	\$499	\$23	22
Occupational or Physical Therapy		97116		15 Minutes	14	222	\$20,410	\$1,458	\$92	16
Occupational or Physical Therapy		97124		15 Minutes	51	4,597	\$80,991	\$1,588	\$18	90
Occupational or Physical Therapy		97140		15 Minutes	9	448	\$25,386	\$2,821	\$57	50
Occupational or Physical Therapy		97150		Encounter	78	755	\$34,162	\$438	\$45	10
Occupational or Physical Therapy		97530		15 Minutes	527	28,338	\$1,007,218	\$1,911	\$36	54
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	162	8,721	\$199,611	\$1,232	\$23	54
Occupational or Physical Therapy		97535		15 Minutes	200	1,722	\$160,013	\$800	\$93	9
Occupational or Physical Therapy		97537		15 Minutes	4	10	\$669	\$167	\$67	3
Occupational or Physical Therapy		97542		15 Minutes	188	1,898	\$275,769	\$1,467	\$145	10
Occupational or Physical Therapy		97750		15 Minutes	1	4	\$218	\$218	\$55	4
Occupational Therapy		97755		15 Minutes	36	162	\$11,173	\$310	\$69	5
Occupational or Physical Therapy		97760		15 Minutes	5	19	\$1,703	\$341	\$90	4
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	6	19	\$917	\$153	\$48	3
Assessment or Health Services		97802		15 Minutes	739	3,510	\$242,295	\$328	\$69	5
Assessment or Health Services		97803		15 Minutes	771	4,131	\$335,144	\$435	\$81	5
Health Services		97804		30 Minutes	67	287	\$56,217	\$839	\$196	4
Substance Abuse: Accupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Accupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99201		Encounter	26	41	\$4,906	\$189	\$120	2
Assessment for Autism		99201	U5	Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99202		Encounter	11	12	\$2,074	\$189	\$173	1
Assessment for Autism		99202	U5	Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99203		Encounter	33	33	\$8,500	\$258	\$258	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Physician Evaluation		99203		Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicaid Management		99204		Encounter	28	28	\$9,665	\$345	\$345	1

Division of Quality Management and Planning

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary

Service Category	Statewide Summary	Revenue Code	HCPCS Code	Modifier	Unit	Cases		Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		Revenue Code	99204	U5	Measure Encounter	Cases 0	Units 0	\$0	\$0	\$0	0
Substance Abuse: Physician Evalua	ntion		99204		Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicai			99205		Encounter	20	20	\$8,337	\$417	\$417	1
Assessment for Autism			99205	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Physician Evalua	ntion		99205		Encounter	20	20	\$11,600	\$580	\$580	1
Psychiatric Evaluation and Medicai			99211		Encounter	278	892	\$104,374	\$375	\$117	3
Assessment for Autism			99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicai	id Management		99212		Encounter	2,538	4,575	\$462,637	\$182	\$101	2
Assessment for Autism			99212	U5	Encounter	0	0	\$0	\$0	\$0	0
Psychiatric Evaluation and Medicai	id Management		99213		Encounter	7,259	18,053	\$2,213,514	\$305	\$123	2
Assessment for Autism			99213	U5	Encounter	2	5	\$717	\$359	\$143	3
Psychiatric Evaluation and Medicai	id Management		99214		Encounter	4,981	10,815	\$1,970,105	\$396	\$182	2
Assessment for Autism			99214	U5	Encounter	1	4	\$672	\$672	\$168	4
Psychiatric Evaluation and Medicai	id Management		99215		Encounter	773	1,054	\$346,507	\$448	\$329	1
Assessment for Autism			99215	U5	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99221		30 Minutes	10	11	\$2,210	\$221	\$201	1
Additional Codes-Physician Service	es		99222		50 Minutes	52	64	\$8,473	\$163	\$132	1
Additional Codes-Physician Service	es		99223		70 Minutes	10	10	\$1,500	\$150	\$150	1
Additional Codes-Physician Service	es		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99231		15 Minutes	49	272	\$14,135	\$288	\$52	6
Additional Codes-Physician Service	es		99232		25 minutes	44	357	\$22,864	\$520	\$64	8
Additional Codes-Physician Service	es		99233		35 Minutes	11	17	\$1,047	\$95	\$62	2
Additional Codes-Physician Service	es		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99252		Encounter	15	18	\$3,145	\$210	\$175	1
Additional Codes-Physician Service	es		99253		Encounter	1	1	\$484	\$484	\$484	1
Additional Codes-Physician Service	es		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Service	es		99271		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

SUB-ELEMENT COST REPORT: Fiscal Year 2013

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State of Michigan QMPmeasures@michigan.gov

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Statewide Summary Unit Service Category HCPCS Code Modifier Cases Cost Cost/Case Revenue Code Measure Units Cost/Unit Unit/Case 99272 Additional Codes-Physician Services Encounter 0 0 \$0 \$0 \$0 0 99273 0 \$0 \$0 \$0 0 Additional Codes-Physician Services Encounter 0 Additional Codes-Physician Services 99274 Encounter 0 0 \$0 \$0 \$0 0 Additional Codes-Physician Services 99275 Encounter 0 0 \$0 \$0 \$0 0 99324 0 0 \$0 \$0 \$0 0 Assessment Encounter 99324 U5 0 0 \$0 \$0 \$0 0 Assessment for Autism Encounter 99325 Encounter 0 0 \$0 \$0 \$0 0 Assessment U5 Assessment for Autism 99325 Encounter 0 0 \$0 \$0 \$0 0 99326 0 \$0 \$0 \$0 0 Assessment Encounter 0 Assessment for Autism 99326 U5 Encounter 0 0 \$0 \$0 0 Assessment 99327 Encounter 0 0 \$0 \$0 \$0 0 99327 U5 0 0 \$0 \$0 \$0 0 Assessment for Autism Encounter Assessment 99328 Encounter 0 0 \$0 \$0 \$0 0 U5 0 Assessment for Autism 99328 Encounter 0 0 \$0 \$0 \$0 Assessment 99334 Encounter \$63 \$63 \$63 1 Assessment for Autism 99334 U5 Encounter 0 0 \$0 \$0 \$0 0 36 62 \$11,321 \$314 \$183 2 99335 Assessment Encounter U5 0 99335 0 0 \$0 \$0 \$0 Assessment for Autism Encounter

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Division of Quality Management and Planning

Assessment

Assessment for Autism

#### SUB-ELEMENT COST REPORT: Fiscal Year 2013

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Statewide Summary

New North	Statewide Summa	ıry			Unit						
Medication Animaters (19	Service Category	Revenue Code		Modifier		Cases	Units		Cost/Case		Unit/Case
Milectation Administration	Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Wary)   9500	Assessment for Autism		99350	U5	Encounter	0	0	\$0	\$0	\$0	0
Melication Management	Medication Administration		99506		Encounter	8	50	\$3,260	\$408	\$65	6
Parageration	Medicaition Administration (Children's Waiver)		99506		Encounter	1	1	\$77	\$77	\$77	1
Permit	Medication Management		99605		15 Minutes	20	1,996	\$76,100	\$3,805	\$38	100
Personal P	Transportation		A0080		Per mile	7	4,603	\$2,543	\$363	\$1	658
Matteine Abhai: Transportation   A0100   Per occown princ   1   1   1   1   1   1   1   1   1	Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Percence suppression	Transportation		A0100		Per one-way trip	1	1	\$82	\$82	\$82	1
Mailainer Almier   Per one-way intro   0   0   50   50   50   50   50   50	Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Per concessor in the perfect of th	Transportation		A0110		Per one-way trip	1	1	\$32	\$32	\$32	1
Per conserunt on	Substance Abuse: Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0120		Per one-way trip	68	2,859	\$34,008	\$500	\$12	42
Maintender	Transportation		A0130		Per one-way trip	27	1,209	\$29,243	\$1,083	\$24	45
Additional Codes-Transportation	Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation         Ad427         Refer to code descriptions.         0         0         \$50         \$50         \$0         \$0           Enhanced Medical Equipment-Supplies         £1399         Items         296         456         \$256,542         \$900         \$585         2           Activity Therapy (Children's Waiver)         £0176         Encounter         166         6,129         \$252,442         \$3,159         \$86         37           Family Training/Support EBP only         £0177         Encounter Session at least of 48 min         1         4         \$940         \$949         \$157         \$157         \$158         4           Substance Abuse: Individual Assessment         16001         Encounter         90         39         \$15,759         \$175         \$23         4           Substance Abuse: Endividual Assessment         16002         Encounter         2,146         2,33         \$607,317         \$233         \$258         1           Substance Abuse: Endividual Assessment         16003         Encounter         2,146         2,53         \$607,317         \$233         \$258         1           Substance Abuse: Endividual Assessment         16003         Encounter         2,14         2,33         \$607,317         \$	Transportation		A0170			2	77	\$3,116	\$1,558	\$40	39
Enhanced Medical Equipment-Supplies   E1399   Items   296   456   \$266,542   \$300   \$585   20   \$400   \$1	Additional Codes-Transportation		A0425		Per Mile	3	293	\$1,039	\$346	\$4	98
Activity Therapy (Children's Waiver)   G0176   Encounter Session at least 45 min   Family Training Support EBP only   G0177   Encounter Session at least 45 min   19   100   \$17,434   \$918   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$174   \$5   \$18   \$18   \$174   \$5   \$18	Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only   G0177   Facounter Session at least A5 min   19   100   \$17,434   \$918   \$174   \$5   \$1   \$1   \$1   \$1   \$1   \$1   \$1	Enhanced Medical Equipment-Supplies		E1399		Items	296	456	\$266,542	\$900	\$585	2
Substance Abuse: Recovery Support Services   G0409   I5 Minutes   I   4   S940   S940   S255   A   Substance Abuse: Individual Assessment   H0001   Encounter   2,14   2,353   S607,317   S283   S258   1   S258	Activity Therapy (Children's Waiver)		G0176		Encounter	166	6,129	\$524,342	\$3,159	\$86	37
Substance Abuse: Individual Assessment         H0001         Encounter         90         399         \$15,759         \$175         \$39         4           Assessment         H0002         Encounter         2,146         2,353         \$607,317         \$283         \$258         1           Substance Abuse: Outpatient Organization         H0003         Encounter         0         0         \$1,146         \$1,146         \$1,43         \$0         \$	Family Training/Support EBP only		G0177			19	100	\$17,434	\$918	\$174	5
Assessment   H0002   Encounter   2,146   2,353   \$607,317   \$283   \$258   1	Substance Abuse: Recovery Support Services		G0409		15 Minutes	1	4	\$940	\$940	\$235	4
Substance Abuse: Laboratory   H0003   Encounter   0 0 0 50 50 50 50 50 50 50 50 50 50 50	Substance Abuse: Individual Assessment		H0001		Encounter	90	399	\$15,759	\$175	\$39	4
Substance Abuse: Outpatient Treatment         0900, 0906, 0914, 0915, 0916, 0919         H0004         15 Minutes         3         23         \$640         \$213         \$28         8           Substance Abuse: Outpatient Treatment         0900, 0906, 0914, 0915, 0916, 0919         H0005         Encounter         1         8         \$1,146         \$1,146         \$143         8           Substance Abuse: Case Management         H0006         Encounter         0         0         \$0	Assessment		H0002		Encounter	2,146	2,353	\$607,317	\$283	\$258	1
Substance Abuse: Outpatient Treatment         0900, 0906, 0914, 0915 (0919)         H0005         Encounter         1         8         \$1,146         \$1,146         \$143         8           Substance Abuse: Case Management         H0006         Encounter         0         0         \$0	Substance Abuse:Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management         H0006         Encounter         0         0         \$0	Substance Abuse: Outpatient Treatment		H0004		15 Minutes	3	23	\$640	\$213	\$28	8
Substance Abuse: Sub-Acute Detoxification         1002         H0010         Days         0         0         \$0 <th< td=""><td>Substance Abuse: Outpatient Treatment</td><td></td><td>H0005</td><td></td><td>Encounter</td><td>1</td><td>8</td><td>\$1,146</td><td>\$1,146</td><td>\$143</td><td>8</td></th<>	Substance Abuse: Outpatient Treatment		H0005		Encounter	1	8	\$1,146	\$1,146	\$143	8
Substance Abuse: Sub-Acute Detoxification         1002         H0012         Days         0         0         \$0 <th< td=""><td>Substance Abuse: Case Management</td><td></td><td>H0006</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification         1002         H0014         Days         0         0         \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0010</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care         0906         H0015         Days         0         0         \$1         \$2,340         \$316         7           Substance Abuse: Residential         1002         H0018         Days         4         14         \$5,084         \$1,271         \$363         4           Substance Abuse: Residential         1002         H0019         Days         0         0         \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services         H0018         Days         61         452         \$142,741         \$2,340         \$316         7           Substance Abuse: Residential         1002         H0018         Days         4         14         \$5,084         \$1,271         \$363         4           Substance Abuse: Residential         1002         H0019         Days         0         0         \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential         1002         H0018         Days         4         14         \$5,084         \$1,271         \$363         4           Substance Abuse: Residential         1002         H0019         Days         0         0         \$0	Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential         1002         H0019         Days         0         0         \$0	Crisis Residential Services		H0018		Days	61	452	\$142,741	\$2,340	\$316	7
Substance Abuse: Methadone         H0020         Encounter         1         55         \$1,282         \$1,282         \$23         55	Substance Abuse: Residential	1002	H0018		Days	4	14	\$5,084	\$1,271	\$363	4
	Substance Abuse: Residential	1002	H0019		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention H0022 Encounter 0 0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Methadone		H0020		Encounter	1	55	\$1,282	\$1,282	\$23	55
	Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Persons with Developmental Disabilities

#### SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary			Unit						
Service Category Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Peer Directed and Operated Support Services	H0023		Encounter	44	1,729	\$266,487	\$6,057	\$154	39
Prevention Services - Direct Model	H0025		Face to Face Contact	70	387	\$62,997	\$900	\$163	6
Crisis Intervention	H0030		Per Service	76	81	\$14,284	\$188	\$176	1
Assessment	H0031		Encounter	12,535	17,915	\$3,915,041	\$312	\$219	1
Assessment for Autism	H0031	U5	Encounter	174	306	\$134,740	\$774	\$440	2
Treatment Planning	H0032		Encounter	11,138	31,083	\$5,402,366	\$485	\$174	3
Monitoring of Treatment - Clinician	H0032	TS	Encounter	4,864	19,732	\$4,608,840	\$948	\$234	4
Substance Abuse: Pharmalogical Support - Suboxane	H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services	H0034		15 Minutes	232	1,089	\$55,279	\$238	\$51	5
Home Based Services	H0036		15 Minutes	422	47,183	\$2,812,323	\$6,664	\$60	112
Home Based Services	H0036	ST	15 Minutes	7	678	\$40,803	\$5,829	\$60	97
Peer Directed and Operated Support Services	H0038		15 minutes	266	20,674	\$395,900	\$1,488	\$19	78
Substance Abuse: Recovery Support Services	H0038	TF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services	NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)	H0039		15 Minutes	87	15,709	\$916,625	\$10,536	\$58	181
Community Living Supports in Independent living/own home	H0043		Per diem	3,548	1,000,433	\$161,423,241	\$45,497	\$161	282
Respite	H0045		Days	1,590	24,700	\$2,893,191	\$1,820	\$117	16
Respite (Children's Waiver)	H0045	TD	Per Diem	1	18	\$1,490	\$1,490	\$83	18
Respite (Children's Waiver)	H0045	TE	Per Diem	1	18	\$1,490	\$1,490	\$83	18
Peer Directed and Operated Support Services	H0046		Encounter	126	1,872	\$31,238	\$248	\$17	15
Substance Abuse:Laboratory	H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review	H2000		Encounter	2,874	6,050	\$932,755	\$325	\$154	2
Behavior Treatment Plan Review - Monitoring Activities	H2000	TS	Encounter	2,327	10,982	\$1,449,373	\$623	\$132	5
Comprehensive Medication Services - EBP only	H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention	H2011		15 Minutes	838	5,341	\$541,894	\$647	\$101	6
Skill-Building and Out of Home Non Vocational Habilitation	H2014		15 minutes	14,739	38,182,990	\$139,027,944	\$9,433	\$4	2,591
Community Living Supports (15 Minutes)	H2015		15 Minutes	15,695	57,885,119	\$215,932,775	\$13,758	\$4	3,688
Community Living Supports (Daily)	H2016		Per Diem	2,113	583,023	\$24,249,215	\$11,476	\$42	276
Community Living Supports (Daily)	H2016	TF	Per Diem	2,218	605,927	\$38,246,008	\$17,243	\$63	273
Community Living Supports (Daily)	H2016	TG	Per Diem	5,193	1,507,593	\$202,600,707	\$39,014	\$134	290
Behavior Services	H2019		15 Minutes	69	13,672	\$334,594	\$4,849	\$24	198
Applied Behavioral Intervention (ABI).	H2019	U5	15 Minutes	51	6,622	\$219,134	\$4,297	\$33	130
Early Intensive Behavioral Intervention (EIBI)	H2019	U5, TG	15 Minutes	57	16,435	\$529,310	\$9,286	\$32	288
Crisis Intervention	H2020		Days	0	0	\$0	\$0	\$0	0
Wraparound	H2021		15 Minutes	65	4,396	\$466,050	\$7,170	\$106	68
Supported Employment Services	H2023		15 minutes	4,125	4,141,879	\$26,765,268	\$6,489	\$6	1,004

Division of Quality Management and Planning

#### SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Unit Service Category HCPCS Code Modifier Cases Cost Cost/Case Cost/Unit Unit/Case Revenue Code Measure Units H2027 \$0 \$0 Mental Health Therapy 15 Minutes 0 0 \$0 0 0900, 0914, 0915, H2027 15 Minutes 0 0 \$0 \$0 \$0 0 Substance Abuse Services: Outpatient Care 0916, 0919 Clubhouse Psychosocial Rehabilitation Programs H2030 15 Minutes 281 407,688 \$1,971,580 \$7,016 \$5 1,451 Home Based Services H2033 15 Minutes 6 409 \$20,013 \$3,335 \$49 68 Substance Abuse: Outpatient Care 0900, 0906, 0914, H2035 Hour 0 0 \$0 \$0 \$0 0 0915, 0916, 0919 0900, 0906, 0914, H2036 0 0 \$0 \$0 \$0 0 Substance Abuse: Outpatient Care Per Diem 0915, 0916, 0919 Repair/Svc DME Non-Oxygen Equipment (Children's Waiver) 0 K0739 15 Minutes 0 0 \$0 \$0 \$0 Medication Review M0064 Encounter Face-to-Face, 2,585 7,501 \$994,241 \$385 \$133 3 generally less than 10 minutes Transportation S0209 Per Mile 0 0 \$0 \$0 \$0 0 3 305 \$214 \$71 \$1 102 S0215 Per Mile Transportation S0215 Per Mile 0 0 \$0 \$0 \$0 0 Substance Abuse Services: Transportation S5108 U5 25 1,032 \$76,546 \$3.062 \$74 41 Home Care Training to Home Care Client 15 Minutes Family Training - EBP S5110 15 Minutes 12 226 \$7,960 \$663 \$35 19 Family Training S5111 Encounter 2.348 11.409 \$1.605.322 \$684 \$141 5 S5111 HA 11 19 \$644 \$59 \$34 2 Family Training Encounter Family Training S5111 НМ Encounter 66 691 \$151,564 \$2,296 \$219 10 Home Care Training, Non-Family (Children's Waiver) S5116 257 1,404 \$530,001 \$2,062 \$377 5 Encounter Foster Care S5140 Days 5 910 \$76,529 \$15,306 \$84 182 Foster Care S5145 Days 8 2,075 \$473,677 \$59,210 \$228 259 Respite S5150 15 Minutes 524 290,202 \$621,429 \$1,186 \$2 554 Respite S5151 Per Diem 900 13,054 \$1,425,339 \$1,584 \$109 15 TT Respite (Children's Waiver) S5151 Per diem 2 \$823 \$823 \$412 2 Personal Emergency Response System (PERS) S5160 10 10 \$768 \$768 Encounter \$7,676 1 10 Personal Emergency Response System (PERS) S5161 Month 268 2,780 \$2,045,819 \$7,634 \$736 Environmental Modification S5165 110 \$4,817 134 \$645,425 \$5,868 -1 Service \$295 2 Enhanced Medical Equipment-Supplies S5199 Items 760 1,857 \$547,470 \$720 Occupational or Physical Therapy S8990 Encounter 370 8.258 \$313.368 \$847 \$38 22 0582 1.138 Private Duty Nursing S9123 Hour 6 6.829 \$214,040 \$35.673 \$31 S9123 13 23.381 \$959.864 \$73.836 1.799 Private Duty Nursing Hour \$41 TT S9123 Hour 0 0 \$0 \$0 \$0 0 Private Duty Nursing Private Duty Nursing 0582 S9124 Hour 8 13,503 \$408,035 \$51,004 \$30 1,688 S9124 18 37,651 \$1,195,857 \$66,436 2,092 Private Duty Nursing Hour \$32 S9124 TT Hour 0 0 Private Duty Nursing 0 \$0 TD Respite Care in the Home (RN) (Children's Waiver) S9125 Per Diem 0 0 \$0 \$0 0 TE \$0 Respite Care in the Home (LPN) (Children's Waiver) S9125 Per Diem 0 0 \$0 \$0 0

Division of Quality Management and Planning

#### SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9445		Encounter	1,869	4,275	\$245,895	\$132	\$58	2
Health Services		S9446		Encounter	122	1,172	\$328,314	\$2,691	\$280	10
Health Services		S9470		Encounter	768	1,655	\$296,466	\$386	\$179	2
Prevention Services - Direct Model		S9482		15 minutes	14	810	\$82,833	\$5,917	\$102	58
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	95	293	\$92,993	\$979	\$317	3
Reidential Room and Board		S9976		Days	202	66,183	\$1,433,268	\$7,095	\$22	328
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Up to 15 min	5	22,573	\$176,521	\$35,304	\$8	4,515
Private Duty Nursing		T1000	TD	Up to 15 min	12	84,758	\$660,709	\$55,059	\$8	7,063
Private Duty Nursing		T1000	TE	Up to 15 min	19	182,408	\$1,389,537	\$73,134	\$8	9,600
Assessment		T1001		Encounter	4,557	5,036	\$1,515,975	\$333	\$301	1
Health Services		T1002		Up to 15 min	5,317	39,374	\$3,701,320	\$696	\$94	7
Respite Care		T1005		15 Minutes	7,743	8,221,038	\$30,122,164	\$3,890	\$4	1,062
Respite Care		T1005	TD	15 Minutes	74	75,066	\$398,839	\$5,390	\$5	1,014
Respite Care		T1005	TE	15 Minutes	105	184,610	\$1,465,229	\$13,955	\$8	1,758
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	321	307,843	\$843,307	\$2,627	\$3	959
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	14	32	\$4,442	\$317	\$139	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	34,300	1,068,577	\$92,157,472	\$2,687	\$86	31
Targeted Case Management		T1017		15 minutes	6,856	195,054	\$14,595,812	\$2,129	\$75	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	265	5,069	\$346,860	\$1,309	\$68	19
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4,030	1,147,172	\$28,412,609	\$7,050	\$25	285
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2,608	713,134	\$39,940,027	\$15,314	\$56	273
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2,887	794,592	\$85,876,888	\$29,746	\$108	275
Assessments		T1023		Encounter	882	1,348	\$486,195	\$551	\$361	2
Prevention Services - Direct Model		T1027		15 Minutes	3	44	\$778	\$259	\$18	15
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,022	8,852	\$451,496	\$442	\$51	9
Transportation		T2001		Encounter	3	1,128	\$18,937	\$6,312	\$17	376
Substance Abuse Services: Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	664	516,451	\$1,014,864	\$1,528	\$2	778
Substance Abuse Services: Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	880	292,917	\$2,577,335	\$2,929	\$9	333
Substance Abuse Services: Transportation		T2003		Encounter / Trip	127	275	\$2,922	\$23	\$11	2
Transportation		T2004		Encounter	2	6	\$262	\$131	\$44	3
Substance Abuse Services: Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
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Division of Quality Management and Planning

Persons with Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2013

State of Michigan QMPmeasures@michigan.gov

Statewide Summar	·у			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Out of Home Prevocational Service		T2015		Hour	688	558,788	\$7,971,734	\$11,587	\$14	812
Targeted Case Management (Children's Waiver)		T2023		Month	383	4,140	\$1,307,420	\$3,414	\$316	11
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	7,577	77,263	\$6,197,949	\$818	\$80	10
Enhanced Medical Equipment-Supplies		T2028		Items	83	168	\$43,243	\$521	\$257	2
Enhanced Medical Equipment-Supplies		T2029		Items	48	1,130	\$42,857	\$893	\$38	24
Crisis Intervention		T2034		Days	10	85	\$24,286	\$2,429	\$286	9
Respite Care		T2036		Per session. One night = one session	279	16,343	\$281,352	\$1,008	\$17	59
Respite Care		T2037		Per session. One day/partial day = one session	65	640	\$63,421	\$976	\$99	10
Housing Assistance		T2038		Service	527	4,033	\$1,025,330	\$1,946	\$254	8
Enhanced Medical Equipment-Supplies		T2039		Items	17	20	\$85,549	\$5,032	\$4,277	1
Goods and Services		T5999	HK	Per Item	5	14	\$1,564	\$313	\$112	3
Wraparound Services		T5999		Per Item	7	72	\$5,544	\$792	\$77	10
Pharmacy (Drugs and Other Biologicals)					1,051	0	\$197,316	\$188	\$0	0
Other					172	0	\$63,572	\$370	\$0	0
Aggregate for 'J' Codes	·	ALL		<u>-</u>	57	0	\$595,975	\$10,456	\$0	0
Total Population and Cost					43,579		\$1,210,295,902			