SECTION 404 (2) (c) Part 1
TOTAL CMHSP COSTS BY SERVICE CATEGORY
FY 2007

Statewide Summary

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2007 MDCH/CMHSP contract. Cost data were collected for the reporting period October 1, 2006 to September 30, 2007 and submitted to MDCH by January 31, 2008. The data in this section represent the total statewide CMHSP costs for each of the three consumer populations (Adults with Mental Illness, Children with Mental Illness, 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).

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1,027	156,116	$53,561,593	$52,153	$343	152
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	33	3,051	$1,146,215	$34,734	$376	92
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4,389	55,416	$24,536,548	$5,590	$443	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	14,149	127,403	$83,601,440	$5,909	$656	9
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	62	431	$25,275	$408	$59	7
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	1,216	3,498	$453,789	$373	$130	3
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	3,678	5,438	$1,693,745	$461	$311	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	2	2	$342	$171	$171	1
Additional Codes-ECT Facility Charge	0901			Encounter	74	555	$259,669	$3,509	$468	8
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	1,427	11,257	$2,763,607	$1,937	$246	8
Outpatient Partial Hospitalization	0913			Days	33	229	$106,827	$3,237	$466	7
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	8	933	$3,765	$471	$4	117
Medication Administration		90772		Encounter	6,006	56,590	$3,772,799	$628	$67	9
Assessment-Psychiatric Assessment		90801		Encounter	48,775	64,181	$15,082,422	$309	$235	1

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Psychiatric Evaluation		90801		Encounter	879	940	$210,775	$240	$224	1
Assessment-Psychiatric Assessment		90802		Encounter	42	46	$11,696	$278	$254	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	1	1	$129	$129	$129	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	16,827	61,168	$4,071,214	$242	$67	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	316	1,794	$359,529	$1,138	$200	6
Therapy-Individual Therapy		90805		Encounter 20-30 Min	934	2,212	$282,473	$302	$128	2
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	38,241	241,491	$28,213,019	$738	$117	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	2,100	9,331	$738,194	$352	$79	4
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1,005	2,857	$223,965	$223	$78	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	94	394	$81,452	$867	$207	4
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3,194	7,064	$1,283,337	$402	$182	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	44	75	$9,558	$217	$127	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	5	5	$1,640	$328	$328	1
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	5	5	$431	$86	$86	1
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	1	2	$255	$255	$127	2
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	40	191	$20,252	$506	$106	5
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	1	1	$149	$149	$149	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	6	20	$800	$133	$40	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	13	22	$1,800	$138	$82	2
Therapy-Individual Therapy		90817		Encounter 20-30 Min	46	333	$21,443	$466	$64	7
Therapy-Individual Therapy		90818		Encounter 45-50 Min	27	99	$11,135	$412	$112	4
Therapy-Individual Therapy		90819		Encounter 45-50 Min	2	4	$280	$140	$70	2
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90822		Encounter 75-80 Min	46	67	$706	$15	$11	1
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	20	25	$7,299	$365	$292	1
Therapy-Individual Therapy		90826		Encounter 45-50 Min	167	213	$63,265	$379	$297	1
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	377	395	$166,719	$442	$422	1
Therapy-Individual Therapy		90827		Encounter 45-50 Min	3	7	$572	$191	$82	2
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	305	842	$59,524	$195	$71	3
Therapy-Family Therapy		90847		Encounter	1,506	3,626	$545,078	$362	$150	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	24	53	$5,664	$236	$107	2
Therapy-Family Therapy		90849		Encounter	30	73	$12,287	$410	$168	2
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	9,497	86,944	$7,910,563	$833	$91	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	811	7,606	$253,237	$312	$33	9
Therapy-Group Therapy		90857		Encounter	192	1,405	$58,223	$303	$41	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	71,353	306,501	$33,568,081	$470	$110	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	123	412	$29,923	$243	$73	3
Additional Codes-ECT Physician		90870		Encounter	19	151	$40,947	$2,155	$271	8
Assessments-Other		90887		Encounter	1,767	3,274	$113,040	$64	$35	2
Speech & Language Therapy		92506		Encounter	8	8	$4,828	$604	$604	1
Speech & Language Therapy		92507		Encounter	33	2,837	$1,054,805	$31,964	$372	86
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	11	65	$29,471	$2,679	$453	6
Speech & Language Therapy		92610		Encounter	193	1,474	$1,031,960	$5,347	$700	8
Psychological Testing PSYCH/PHYS		96101		Per Hour	427	1,621	$283,760	$665	$175	4
Psychological Testing by Technician		96102		Per Hour	33	227	$37,909	$1,149	$167	7
Psychological Testing by Comp		96103		Per Hour	5	10	$3,058	$612	$306	2
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,271	27,205	$1,758,975	$1,384	$65	21
Assessments-Other		96111		Encounter	26	48	$14,120	$543	$294	2
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	17	46	$4,578	$269	$100	3
Neuropsych test by Psych/Phys		96118		Per Hour	14	65	$9,976	$713	$153	5
Neuropsych test by Tech		96119		Per Hour	13	13	$1,818	$140	$140	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	10	10	$2,254	$225	$225	1

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002		Encounter	8	22	$4,540	$568	$206	3
Occupational Therapy		97003		Encounter	403	433	$141,870	$352	$328	1
Occupational Therapy		97004		Encounter	161	300	$178,949	$1,111	$596	2
Occupational or Physical Therapy		97110		15 Minutes	56	655	$19,160	$342	$29	12
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	41	123	$30,871	$753	$251	3
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	663	8,649	$167,262	$252	$19	13
Occupational or Physical Therapy		97530		15 Minutes	69	1,097	$32,066	$465	$29	16
Occupational or Physical Therapy		97532		15 Minutes	25	524	$39,770	$1,591	$76	21
Occupational or Physical Therapy		97533		15 Minutes	88	761	$8,588	$98	$11	9
Occupational or Physical Therapy		97535		15 Minutes	573	1,596	$163,125	$285	$102	3
Occupational or Physical Therapy		97537		15 Minutes	82	1,098	$50,916	$621	$46	13
Occupational or Physical Therapy		97542		15 Minutes	6	31	$721	$120	$23	5
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	164	239	$15,751	$96	$66	1
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			941	5,631	$780,202	$829	$139	6
Assessment or Health Services		97802		15 Minutes	297	984	$95,810	$323	$97	3
Assessment or Health Services		97803		15 Minutes	294	1,928	$164,277	$559	$85	7
Health Services		97804		30 Minutes	5	10	$429	$86	$43	2
Additional Codes-Physician Services		99201		Encounter	54	63	$13,913	$258	$221	1
Additional Codes-Physician Services		99202		Encounter	35	35	$3,865	$110	$110	1
Additional Codes-Physician Services		99203		Encounter	18	18	$3,348	$186	$186	1
Additional Codes-Physician Services		99204		Encounter	2	2	$523	$262	$262	1
Additional Codes-Physician Services		99205		Encounter	42	42	$21,252	$506	$506	1
Additional Codes-Physician Services		99211		Encounter	875	6,778	$627,040	$717	$93	8
Additional Codes-Physician Services		99212		Encounter	165	186	$9,673	$59	$52	1
Additional Codes-Physician Services		99213		Encounter	683	1,061	$65,955	$97	$62	2
Additional Codes-Physician Services		99214		Encounter	558	1,392	$295,885	$530	$213	2
Additional Codes-Physician Services		99215		Encounter	104	114	$30,676	$295	$269	1
Additional Codes-Physician Services		99221			653	759	$77,715	$119	$102	1
Additional Codes-Physician Services		99222			2,141	2,497	$296,317	$138	$119	1
Additional Codes-Physician Services		99223			373	403	$60,786	$163	$151	1
Additional Codes-Physician Services		99231			2,046	12,619	$746,815	$365	$59	6
Additional Codes-Physician Services		99232			1,844	7,074	$573,756	$311	$81	4

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99233			529	863	$71,477	$135	$83	2
Additional Codes-Physician Services		99238		30 Minutes or less	940	1,096	$102,418	$109	$93	1
Additional Codes-Physician Services		99241		Encounter	121	293	$10,803	$89	$37	2
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	1	1	$77	$77	$77	1
Additional Codes-Physician Services		99245		Encounter	1	1	$213	$213	$213	1
Additional Codes-Physician Services		99251		Encounter	42	43	$1,697	$40	$39	1
Additional Codes-Physician Services		99252		Encounter	256	286	$40,243	$157	$141	1
Additional Codes-Physician Services		99253		Encounter	671	740	$134,627	$201	$182	1
Additional Codes-Physician Services		99254		Encounter	135	157	$17,486	$130	$111	1
Additional Codes-Physician Services		99255		Encounter	28	28	$4,572	$163	$163	1
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	3	4	$108	$36	$27	1
Additional Codes-Physician Services		99263		Encounter	18	24	$960	$53	$40	1
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	229	1,559	$137,971	$602	$88	7
Transportation		A0080		Per mile	8	3,053	$1,672	$209	$1	382
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	76	111	$9,736	$128	$88	1
Transportation		A0110		Per one-way trip	78	1,458	$53,264	$683	$37	19
Transportation		A0120			43	1,558	$16,084	$374	$10	36
Transportation		A0130			18	387	$3,079	$171	$8	22
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	12	553	$16,386	$1,365	$30	46
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1,281	34,374	$152,734	$119	$4	27
Additional Codes-Transportation		A0427		Refer to code descriptions.	378	421	$78,213	$207	$186	1
Additional codes - Transportation		A0428			463	569	$76,990	$166	$135	1
General dental services		D0150			165	1,222	$413,415	$2,506	$338	7
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	4	7	$5,878	$1,470	$840	2
Family Training/Support EBP only		G0177		Encounter	570	4,115	$786,103	$1,379	$191	7
Substance Abuse: Individual Assessment		H0001		Encounter	3,649	12,492	$669,356	$183	$54	3
Assessment		H0002		Encounter	13,182	15,939	$3,798,036	$288	$238	1
Substance Abuse: Individual Assessment		H0002		Encounter	2,759	3,508	$632,673	$229	$180	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	1,731	43,409	$703,024	$406	$16	25
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	1,535	17,649	$453,573	$295	$26	11
Substance Abuse: Case Management		H0006			199	3,337	$495,468	$2,490	$148	17
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	136	565	$94,786	$697	$168	4
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	750	2,728	$597,980	$797	$219	4
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	1,254	15,972	$1,197,758	$955	$75	13
Crisis Residential Services		H0018		Days	3,675	33,969	$9,464,905	$2,575	$279	9
Substance Abuse: Residential	1002	H0018		Days	990	20,178	$2,276,880	$2,300	$113	20
Substance Abuse: Residential	1002	H0019		Days	581	21,291	$1,867,252	$3,214	$88	37
Substance Abuse: Methadone		H0020		Encounter	415	90,845	$538,790	$1,298	$6	219
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1,521	191,038	$1,412,768	$929	$7	126
Prevention Services - Direct Model		H0025		Face to Face Contact	578	2,270	$350,977	$607	$155	4
Assessment		H0031		Encounter	41,390	59,847	$10,492,919	$254	$175	1
Substance Abuse: Assessment		H0031		Encounter	16	16	$0	$0	$0	1
Treatment Planning		H0032		Encounter	31,025	54,690	$7,130,551	$230	$130	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	8	694	$5,180	$648	$7	87
Health Services		H0034		15 Minutes	3,731	13,764	$953,868	$256	$69	4
Home Based Services		H0036		15 Minutes	881	76,832	$3,730,564	$4,234	$49	87
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Peer Directed and Operated Support Services		H0038		15 minutes	3,649	103,799	$3,227,336	$884	$31	28
Peer Directed and Operated Support Services		NA			2,329	3,277	$2,829,205	$1,215	$863	1
Assertive Community Treatment (ACT)		H0039		15 Minutes	6,212	1,156,032	$54,260,563	$8,735	$47	186
Community Living Supports in Independent living/own home		H0043		Per diem	1,004	126,791	$6,808,841	$6,782	$54	126
Respite		H0045		Per Diem	68	3,718	$761,116	$11,193	$205	55
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	463	917	$118,588	$256	$129	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	24,363	212,624	$10,941,820	$449	$51	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5,701	4,759,523	$17,742,058	$3,112	$4	835
Community Living Supports (15 Minutes)		H2015		15 Minutes	4,966	7,879,458	$25,666,416	$5,168	$3	1,587
Community Living Supports (Daily)		H2016		Per Diem	3,643	496,921	$29,897,493	$8,207	$60	136
Community Living Supports (Daily)		H2016	TF	Per Diem	2,316	398,783	$22,383,446	$9,665	$56	172
Community Living Supports (Daily)		H2016	TG	Per Diem	2,446	538,822	$67,656,692	$27,660	$126	220
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	35	608	$82,582	$2,359	$136	17
Wraparound		H2022		Days	9	57	$17,832	$1,981	$313	6
Supported Employment Services		H2023		15 minutes	2,602	1,125,081	$9,960,232	$3,828	$9	432
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4,154	5,148,964	$22,894,763	$5,511	$4	1,240
Substance Abuse: Outpatient Care		H2035		Hour	185	1,492	$111,900	$605	$75	8
Substance Abuse: Outpatient Care		H2036		Days	42	184	$13,800	$329	$75	4
Medication Review		M0064		Encounter Face-to-Face	5,767	12,920	$1,166,121	$202	$90	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	53	6,921	$7,184	$136	$1	131
Family Training		S5110		15 Minutes	141	2,483	$105,535	$748	$43	18
Family Training		S5111		Encounter	263	1,105	$155,860	$593	$141	4
Foster Care		S5140		Days	257	13,471	$1,638,664	$6,376	$122	52
Foster Care		S5145		Days	8	819	$106,873	$13,359	$130	102
Respite		S5150		15 Minutes	37	18,272	$23,802	$643	$1	494
Respite		S5151		Per Diem	3	86	$18,873	$6,291	$219	29
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	55	571	$72,643	$1,321	$127	10
Environmental Modification		S5165		Service	2	2	$1,334	$667	$667	1
Enhanced Medical Equipment-Supplies		S5199		Items	2	3	$53	$26	$18	2
Occupational or Physical Therapy		S8990		Encounter	4	375	$12,213	$3,053	$33	94
Health Services		S9445		Encounter	9,590	36,435	$2,074,770	$216	$57	4
Health Services		S9446		Encounter	862	8,276	$336,456	$390	$41	10
Health Services		S9470		Encounter	364	1,053	$166,216	$457	$158	3

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	2,668	24,864	$1,930,321	$724	$78	9
Reidential Room and Board		S9976		Days	1,653	34,374	$997,279	$603	$29	21
Assessment		T1001		Encounter	11,020	18,864	$1,553,398	$141	$82	2
Health Services		T1002		Up to 15 min	17,716	97,307	$5,781,691	$326	$59	5
Respite Care		T1005		15 Minutes	236	238,253	$828,424	$3,510	$3	1,010
Respite Care		T1005	TD	15 Minutes	0	0	$18	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	3	5	$375	$125	$75	2
Family Psycho-Education		T1015		Encounter	267	684	$124,536	$466	$182	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4,926	136,772	$10,128,998	$2,056	$74	28
Targeted Case Management		T1017		15 minutes	48,758	1,662,934	$89,033,266	$1,826	$54	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1,526	32,558	$2,140,263	$1,403	$66	21
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4,883	854,742	$23,450,273	$4,802	$27	175
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1,827	292,225	$16,070,621	$8,796	$55	160
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	589	99,033	$9,740,546	$16,537	$98	168
Assessments		T1023		Encounter	14,996	23,716	$7,175,141	$478	$303	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,044	4,926	$195,335	$187	$40	5
Transportation		T2001			21	23	$8,217	$391	$357	1
Transportation		T2002		Per Diem	407	27,389	$48,591	$119	$2	67
Transportation		T2003		Encounter / Trip	2,537	27,663	$757,004	$298	$27	11
Transportation		T2004			12	351	$728	$61	$2	29
Transportation		T2005			0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	117	878	$75,441	$645	$86	8
Enhanced Medical Equipment-Supplies		T2028		Items	4	12	$1,219	$305	$102	3
Enhanced Medical Equipment-Supplies		T2029		Items	18	32	$16,865	$937	$527	2
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	2	22	$4,070	$2,035	$185	11
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1,834	17,531	$3,577,704	$1,951	$204	10
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$3,996	$3,996	$3,996	1
Pharmacy (Drugs and Other Biologicals)					1,226	0	$3,147,062	$2,567	$0	0
Other					244	0	$2,059,802	$8,442	$0	0
Aggregate for 'J' Codes		ALL			1,149	0	$3,081,450	$2,682	$0	0
Total Population and Cost					**143,398**		**$786,543,457**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	421	18,257	$4,108,938	$9,760	$225	43
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1,645	14,167	$7,249,427	$4,407	$512	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1,302	11,112	$5,347,742	$4,107	$481	9
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	5	16	$811	$162	$51	3
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	272	899	$115,594	$425	$129	3
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	32	$3,975	$124	$124	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	18	25	$3,399	$189	$136	1
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	694	5,370	$1,295,165	$1,866	$241	8
Outpatient Partial Hospitalization	0913			Days	1	1	$291	$291	$291	1
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		90772		Encounter	17	72	$8,662	$510	$120	4
Assessment-Psychiatric Assessment		90801		Encounter	12,105	15,128	$3,820,689	$316	$253	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	233	237	$65,073	$279	$275	1
Assessment-Psychiatric Assessment		90802		Encounter	626	702	$99,482	$159	$142	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4,391	14,857	$1,112,225	$253	$75	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	33	67	$2,231	$68	$33	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	179	341	$67,083	$375	$197	2
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	12,224	71,109	$8,664,943	$709	$122	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	118	597	$46,525	$394	$78	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	79	317	$29,507	$374	$93	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	4	10	$2,067	$517	$207	3
Therapy-Individual Therapy		90808		Encounter 75-80 Min	967	3,067	$595,333	$616	$194	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	1	1	$130	$130	$130	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	1	1	$295	$295	$295	1
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	92	141	$9,490	$103	$67	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	360	1,521	$180,902	$503	$119	4
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	133	482	$125,372	$943	$260	4
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	108	281	$11,240	$104	$40	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	30	$5,007	$5,007	$167	30
Therapy-Individual Therapy		90817		Encounter 20-30 Min	18	137	$8,905	$495	$65	8

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	17	$1,323	$1,323	$78	17
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	$42	$42	$42	1
Therapy-Individual Therapy		90826		Encounter 45-50 Min	2	2	$851	$425	$425	1
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	168	170	$72,311	$430	$425	1
Therapy-Individual Therapy		90827		Encounter 45-50 Min	16	44	$3,857	$241	$88	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
Therapy-Family Therapy		90846		Encounter	2,454	7,741	$840,417	$342	$109	3
Therapy-Family Therapy		90847		Encounter	8,090	37,653	$5,393,424	$667	$143	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	24	47	$9,836	$410	$209	2
Therapy-Family Therapy		90849		Encounter	13	178	$9,980	$768	$56	14
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1,589	10,565	$1,012,934	$637	$96	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	2	9	$1,123	$562	$125	5
Therapy-Group Therapy		90857		Encounter	236	1,366	$69,347	$294	$51	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	12,363	51,537	$5,778,945	$467	$112	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	489	726	$64,502	$132	$89	1
Speech & Language Therapy		92506		Encounter	7	11	$3,012	$430	$274	2
Speech & Language Therapy		92507		Encounter	8	492	$102,526	$12,816	$208	62
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	10	59	$28,416	$2,842	$482	6
Speech & Language Therapy		92610		Encounter	19	98	$56,829	$2,991	$580	5
Psychological Testing PSYCH/PHYS		96101		Per Hour	438	4,185	$483,757	$1,104	$116	10
Psychological Testing by Technician		96102		Per Hour	5	9	$1,327	$265	$147	2
Psychological Testing by Comp		96103		Per Hour	2	4	$798	$399	$200	2
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,934	20,139	$2,638,646	$1,364	$131	10
Assessments-Other		96111		Encounter	30	37	$7,805	$260	$211	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	7	26	$2,363	$338	$91	4

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test by Psych/Phys		96118		Per Hour	25	115	$12,917	$517	$112	5
Neuropsych test by Tech		96119		Per Hour	75	83	$11,608	$155	$140	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$275	$275	$275	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	65	65	$20,060	$309	$309	1
Occupational Therapy		97004		Encounter	15	60	$16,820	$1,121	$280	4
Occupational or Physical Therapy		97110		15 Minutes	3	18	$660	$220	$37	6
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	1	6	$593	$593	$99	6
Occupational or Physical Therapy		97124		15 Minutes	2	7	$1,983	$992	$283	4
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	18	126	$15,419	$857	$122	7
Occupational or Physical Therapy		97530		15 Minutes	65	3,408	$61,612	$948	$18	52
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	7	64	$2,585	$369	$40	9
Occupational or Physical Therapy		97535		15 Minutes	221	228	$47,777	$216	$210	1
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	56	107	$7,463	$133	$70	2
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			187	636	$73,117	$391	$115	3
Assessment or Health Services		97802		15 Minutes	5	20	$1,635	$327	$82	4
Assessment or Health Services		97803		15 Minutes	3	6	$544	$181	$91	2
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	15	21	$5,677	$378	$270	1
Additional Codes-Physician Services		99202		Encounter	2	2	$221	$110	$110	1
Additional Codes-Physician Services		99203		Encounter	3	3	$558	$186	$186	1
Additional Codes-Physician Services		99204		Encounter	1	1	$262	$262	$262	1
Additional Codes-Physician Services		99205		Encounter	20	20	$11,644	$582	$582	1
Additional Codes-Physician Services		99211		Encounter	21	48	$930	$44	$19	2
Additional Codes-Physician Services		99212		Encounter	27	32	$1,761	$65	$55	1
Additional Codes-Physician Services		99213		Encounter	65	107	$6,473	$100	$60	2
Additional Codes-Physician Services		99214		Encounter	125	476	$119,485	$956	$251	4
Additional Codes-Physician Services		99215		Encounter	31	57	$16,059	$518	$282	2

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99221			39	42	$2,691	$69	$64	1
Additional Codes-Physician Services		99222			199	215	$21,131	$106	$98	1
Additional Codes-Physician Services		99223			3	3	$221	$74	$74	1
Additional Codes-Physician Services		99231			189	658	$23,353	$124	$35	3
Additional Codes-Physician Services		99232			200	591	$28,157	$141	$48	3
Additional Codes-Physician Services		99233			18	18	$1,078	$60	$60	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	6	14	$516	$86	$37	2
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	10	10	$3,360	$336	$336	1
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	4	4	$451	$113	$113	1
Additional Codes-Physician Services		99253		Encounter	12	12	$1,814	$151	$151	1
Additional Codes-Physician Services		99254		Encounter	5	5	$502	$100	$100	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	3	3	$315	$105	$105	1
Transportation		A0080		Per mile	1	1,096	$547	$547	$0	1,096
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	42	1,530	$7,080	$169	$5	36
Additional Codes-Transportation		A0427		Refer to code descriptions.	30	30	$15,368	$512	$512	1
Additional codes - Transportation		A0428			25	29	$3,709	$148	$128	1

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	$180	$180	$180	1
Family Training/Support EBP only		G0177		Encounter	33	180	$36,521	$1,107	$203	5
Substance Abuse: Individual Assessment		H0001		Encounter	2,469	15,034	$491,922	$199	$33	6
Assessment		H0002		Encounter	3,884	4,554	$1,322,473	$340	$290	1
Substance Abuse: Individual Assessment		H0002		Encounter	195	227	$94,732	$486	$417	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	43	772	$16,878	$393	$22	18
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	22	1,783	$47,938	$2,179	$27	81
Substance Abuse: Case Management		H0006			0	0	$0	$0	$0	0
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	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	119	1,752	$179,283	$1,507	$102	15
Crisis Residential Services		H0018		Days	99	939	$233,115	$2,355	$248	9
Substance Abuse: Residential	1002	H0018		Days	26	517	$95,311	$3,666	$184	20
Substance Abuse: Residential	1002	H0019		Days	47	3,539	$698,844	$14,869	$197	75
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	3	9	$106	$35	$12	3
Prevention Services - Direct Model		H0025		Face to Face Contact	2,060	15,612	$2,109,086	$1,024	$135	8
Assessment		H0031		Encounter	13,444	63,050	$5,296,787	$394	$84	5

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Assessment		H0031		Encounter	6	6	$250	$42	$42	1
Treatment Planning		H0032		Encounter	9,960	17,724	$2,578,904	$259	$146	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	237	1,266	$46,457	$196	$37	5
Home Based Services		H0036		15 Minutes	5,556	724,138	$34,034,138	$6,126	$47	130
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	11	107	$3,106	$282	$29	10
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	12	251	$23,148	$1,929	$92	21
Community Living Supports in Independent living/own home		H0043		Per diem	32	355	$20,641	$645	$58	11
Respite		H0045		Per Diem	397	7,777	$792,705	$1,997	$102	20
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	50	90	$14,229	$285	$158	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	4,885	39,278	$2,471,326	$506	$63	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	428	64,608	$292,809	$684	$5	151
Community Living Supports (15 Minutes)		H2015		15 Minutes	799	275,484	$1,645,490	$2,059	$6	345
Community Living Supports (Daily)		H2016		Per Diem	51	3,698	$352,069	$6,903	$95	73
Community Living Supports (Daily)		H2016	TF	Per Diem	13	2,418	$135,142	$10,396	$56	186
Community Living Supports (Daily)		H2016	TG	Per Diem	115	16,420	$2,617,653	$22,762	$159	143
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	900	38,689	$2,845,949	$3,162	$74	43
Wraparound		H2022		Days	257	1,926	$598,012	$2,327	$310	7
Supported Employment Services		H2023		15 minutes	100	26,475	$374,908	$3,749	$14	265
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	21	7,913	$29,167	$1,389	$4	377
Substance Abuse: Outpatient Care		H2035		Hour	21	79	$5,925	$282	$75	4
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	489	836	$69,306	$142	$83	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	1	131	$485	$485	$4	131
Family Training		S5110		15 Minutes	45	233	$24,615	$547	$106	5
Family Training		S5111		Encounter	1,839	9,021	$1,357,966	$738	$151	5
Foster Care		S5140		Days	7	1,386	$301,276	$43,039	$217	198
Foster Care		S5145		Days	174	10,854	$2,628,221	$15,105	$242	62
Respite		S5150		15 Minutes	575	368,911	$857,796	$1,492	$2	642
Respite		S5151		Per Diem	24	118	$17,249	$719	$146	5
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	6	18	$4,873	$812	$271	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	521	1,231	$40,402	$78	$33	2
Health Services		S9446		Encounter	34	73	$2,785	$82	$38	2
Health Services		S9470		Encounter	5	6	$1,663	$333	$277	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	472	1,806	$318,666	$675	$176	4
Reidential Room and Board		S9976		Days	5	130	$2,647	$529	$20	26
Assessment		T1001		Encounter	808	1,331	$87,784	$109	$66	2
Health Services		T1002		Up to 15 min	2,513	7,901	$479,011	$191	$61	3
Respite Care		T1005		15 Minutes	1,357	829,865	$2,603,187	$1,918	$3	612
Respite Care		T1005	TD	15 Minutes	0	0	$15	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	15	35	$5,634	$376	$161	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	917	33,803	$2,753,796	$3,003	$81	37
Targeted Case Management		T1017		15 minutes	7,497	243,457	$13,874,094	$1,851	$57	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	98	$6,361	$1,590	$65	25
Personal Care in Licensed Specialized Residential Setting		T1020		Days	79	8,481	$314,674	$3,983	$37	107
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	52	6,570	$380,502	$7,317	$58	126
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	27	4,013	$462,386	$17,125	$115	149
Assessments		T1023		Encounter	2,995	4,256	$1,057,635	$353	$249	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	15	26	$1,831	$122	$70	2
Transportation		T2001			1	1	$350	$350	$350	1
Transportation		T2002		Per Diem	33	396	$644	$20	$2	12
Transportation		T2003		Encounter / Trip	12	14	$1,907	$159	$136	1
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	26	178	$15,259	$587	$86	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	134	752	$88,176	$658	$117	6
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	84	690	$110,387	$1,314	$160	8
Housing Assistance		T2038		Month	46	82	$29,095	$632	$355	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					1	0	$12,391	$12,391	$0	0
Other					5	0	$3,878	$776	$0	0

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Aggregate for 'J' Codes		ALL			3	0	$8,523	$2,841	$0	0
Total Population and Cost					**40,155**		**$137,543,976**			

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	50	10,241	$3,651,348	$73,027	$357	205
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	134	39,521	$8,089,976	$60,373	$205	295
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	155	2,422	$1,298,124	$8,375	$536	16
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	231	3,255	$1,762,299	$7,629	$541	14
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	15	129	$7,270	$485	$56	9
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	228	612	$78,753	$345	$129	3
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	1	1	$83	$83	$83	1
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	77	82	$23,076	$300	$281	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	2	2	$815	$408	$408	1
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	13	13	$1,479	$114	$114	1
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	26	31	$4,190	$161	$135	1
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	32	607	$153,107	$4,785	$252	19
Outpatient Partial Hospitalization	0913			Days	8	101	$46,554	$5,819	$461	13
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	174	1,562	$121,795	$700	$78	9
Assessment-Psychiatric Assessment		90801		Encounter	4,321	5,333	$1,221,696	$283	$229	1

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Psychiatric Evaluation		90801		Encounter	138	143	$43,205	$313	$302	1
Assessment-Psychiatric Assessment		90802		Encounter	33	41	$3,333	$101	$81	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	65	68	$8,765	$135	$129	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1,523	7,108	$537,782	$353	$76	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	248	290	$61,252	$247	$211	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	344	1,007	$91,231	$265	$91	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	2	100	$11,377	$5,688	$114	50
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,622	19,775	$2,190,172	$835	$111	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	16	277	$21,266	$1,329	$77	17
Therapy-Individual Therapy		90807		Encounter 45-50 Min	680	2,413	$193,429	$284	$80	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	1	155	$9,847	$9,847	$64	155
Therapy-Individual Therapy		90808		Encounter 75-80 Min	384	1,332	$299,445	$780	$225	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	22	74	$5,685	$258	$77	3
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	2	4	$395	$197	$99	2
Therapy-Individual Therapy		90810		Encounter 20-30 Min	69	195	$25,128	$364	$129	3
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	73	624	$79,447	$1,088	$127	9
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	22	77	$8,073	$367	$105	4
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	2	3	$447	$224	$149	2
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	7	26	$720	$103	$28	4
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	3	19	$717	$239	$38	6
Therapy-Individual Therapy		90817		Encounter 20-30 Min	4	39	$2,604	$651	$67	10
Therapy-Individual Therapy		90818		Encounter 45-50 Min	3	17	$2,051	$684	$121	6
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	1	1	$16	$16	$16	1

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90822		Encounter 75-80 Min	3	53	$558	$186	$11	18
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	5	5	$1,417	$283	$283	1
Therapy-Individual Therapy		90826		Encounter 45-50 Min	6	7	$2,086	$348	$298	1
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	43	43	$18,290	$425	$425	1
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	264	940	$124,008	$470	$132	4
Therapy-Family Therapy		90847		Encounter	1,104	4,945	$704,777	$638	$143	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	1	8	$449	$449	$56	8
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	631	8,345	$664,273	$1,053	$80	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	20	46	$2,645	$132	$58	2
Therapy-Group Therapy		90857		Encounter	6	13	$717	$120	$55	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	9,498	35,854	$4,233,815	$446	$118	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1,098	2,336	$202,745	$185	$87	2
Speech & Language Therapy		92506		Encounter	642	908	$316,989	$494	$349	1
Speech & Language Therapy		92507		Encounter	606	9,953	$963,499	$1,590	$97	16
Speech & Language Therapy		92508		Encounter	59	3,247	$651,558	$11,043	$201	55
Speech & Language Therapy		92526		Encounter	620	1,117	$185,204	$299	$166	2
Speech & Language Therapy		92610		Encounter	239	637	$172,266	$721	$270	3
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1,734	7,011	$1,237,061	$713	$176	4
Psychological Testing by Technician		96102		Per Hour	10	52	$9,256	$926	$178	5
Psychological Testing by Comp		96103		Per Hour	4	7	$2,293	$573	$328	2
Assessments-Other		96105		Encounter	1	1	$66	$66	$66	1

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Assessments-Other		96110		Encounter	1,384	5,544	$567,214	$410	$102	4
Assessments-Other		96111		Encounter	138	163	$27,462	$199	$168	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	1,559	5,794	$1,134,042	$727	$196	4
Neuropsych test by Psych/Phys		96118		Per Hour	4	18	$2,691	$673	$150	5
Neuropsych test by Tech		96119		Per Hour	2	2	$280	$140	$140	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	406	443	$75,331	$186	$170	1
Physical Therapy		97002		Encounter	197	652	$128,536	$652	$197	3
Occupational Therapy		97003		Encounter	2,450	2,693	$938,560	$383	$349	1
Occupational Therapy		97004		Encounter	1,996	5,251	$1,195,701	$599	$228	3
Occupational or Physical Therapy		97110		15 Minutes	858	32,218	$770,015	$897	$24	38
Occupational or Physical Therapy		97112		15 Minutes	21	110	$3,274	$156	$30	5
Occupational or Physical Therapy		97113		15 Minutes	3	252	$8,913	$2,971	$35	84
Occupational or Physical Therapy		97116		15 Minutes	45	194	$25,134	$559	$130	4
Occupational or Physical Therapy		97124		15 Minutes	25	2,354	$36,715	$1,469	$16	94
Occupational or Physical Therapy		97140		15 Minutes	33	520	$22,243	$674	$43	16
Occupational or Physical Therapy		97150		Encounter	55	470	$34,359	$625	$73	9
Occupational or Physical Therapy		97530		15 Minutes	770	24,523	$638,872	$830	$26	32
Occupational or Physical Therapy		97532		15 Minutes	55	684	$56,221	$1,022	$82	12
Occupational or Physical Therapy		97533		15 Minutes	312	11,567	$112,962	$362	$10	37
Occupational or Physical Therapy		97535		15 Minutes	317	1,951	$142,521	$450	$73	6
Occupational or Physical Therapy		97537		15 Minutes	6	99	$2,677	$446	$27	17
Occupational or Physical Therapy		97542		15 Minutes	367	2,403	$169,842	$463	$71	7
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	33	109	$6,248	$189	$57	3
Occupational Therapy		97755		15 Minutes	162	1,022	$67,489	$417	$66	6
Occupational Therapy		97760		15 Minutes	70	406	$27,981	$400	$69	6
Prosthetic Training (Children's Waiver)		97761		15 Minutes	1	1	$117	$117	$117	1
C/O for Orthotic/Prosth Use		97762			62	279	$32,486	$524	$116	5
Assessment or Health Services		97802		15 Minutes	704	3,285	$213,448	$303	$65	5
Assessment or Health Services		97803		15 Minutes	2,450	15,897	$920,659	$376	$58	6
Health Services		97804		30 Minutes	30	140	$5,785	$193	$41	5
Additional Codes-Physician Services		99201		Encounter	5	6	$1,664	$333	$277	1
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	96	458	$25,263	$263	$55	5
Additional Codes-Physician Services		99212		Encounter	33	57	$22,316	$676	$392	2

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Additional Codes-Physician Services		99213		Encounter	139	214	$25,791	$186	$121	2
Additional Codes-Physician Services		99214		Encounter	109	205	$105,878	$971	$516	2
Additional Codes-Physician Services		99215		Encounter	12	17	$5,094	$425	$300	1
Additional Codes-Physician Services		99221			18	22	$4,110	$228	$187	1
Additional Codes-Physician Services		99222			28	32	$3,315	$118	$104	1
Additional Codes-Physician Services		99223			5	5	$1,031	$206	$206	1
Additional Codes-Physician Services		99231			50	362	$17,707	$354	$49	7
Additional Codes-Physician Services		99232			24	63	$5,330	$222	$85	3
Additional Codes-Physician Services		99233			3	3	$227	$76	$76	1
Additional Codes-Physician Services		99238		30 Minutes or less	20	35	$1,780	$89	$51	2
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	2	2	$137	$68	$68	1
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	1	1	$43	$43	$43	1
Additional Codes-Physician Services		99252		Encounter	4	4	$909	$227	$227	1
Additional Codes-Physician Services		99253		Encounter	10	12	$2,728	$273	$227	1
Additional Codes-Physician Services		99254		Encounter	2	3	$614	$307	$205	2
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	27	178	$15,528	$575	$87	7
Transportation		A0080		Per mile	10	5,725	$2,047	$205	$0	573
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	172	1,002	$81,013	$471	$81	6
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			13	1,074	$24,191	$1,861	$23	83
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	5	330	$1,413	$283	$4	66

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Transportation		A0427		Refer to code descriptions.	4	5	$3,136	$784	$627	1
Additional codes - Transportation		A0428			1	1	$109	$109	$109	1
General dental services		D0150			174	281	$339,715	$1,952	$1,209	2
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	379	635	$435,131	$1,148	$685	2
Activity Therapy (Children's Waiver)		G0176		Encounter	158	3,344	$161,710	$1,023	$48	21
Family Training/Support EBP only		G0177		Encounter	4	7	$3,907	$977	$558	2
Substance Abuse: Individual Assessment		H0001		Encounter	229	1,353	$50,538	$221	$37	6
Assessment		H0002		Encounter	939	997	$235,051	$250	$236	1
Substance Abuse: Individual Assessment		H0002		Encounter	18	19	$2,157	$120	$114	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	4	108	$1,720	$430	$16	27
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	2	16	$377	$189	$24	8
Substance Abuse: Case Management		H0006			0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	1	1	$270	$270	$270	1
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	1	1	$85	$85	$85	1
Crisis Residential Services		H0018		Days	52	431	$112,948	$2,172	$262	8
Substance Abuse: Residential	1002	H0018		Days	2	40	$4,151	$2,076	$104	20
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	51	1,489	$28,462	$558	$19	29
Prevention Services - Direct Model		H0025		Face to Face Contact	135	590	$87,734	$650	$149	4
Assessment		H0031		Encounter	8,214	16,775	$2,978,323	$363	$178	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	9,167	33,839	$5,947,231	$649	$176	4
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	394	2,460	$124,439	$316	$51	6
Home Based Services		H0036		15 Minutes	194	32,388	$1,418,287	$7,311	$44	167
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	76	8,985	$101,665	$1,338	$11	118
Peer Directed and Operated Support Services		NA			0	0	$567,250	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	57	11,991	$484,183	$8,494	$40	210
Community Living Supports in Independent living/own home		H0043		Per diem	1,938	548,764	$70,934,982	$36,602	$129	283
Respite		H0045		Per Diem	849	14,169	$2,998,429	$3,532	$212	17
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
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	4,215	8,315	$1,095,534	$260	$132	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1,101	11,151	$575,812	$523	$52	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13,820	37,383,261	$122,394,330	$8,856	$3	2,705
Community Living Supports (15 Minutes)		H2015		15 Minutes	10,248	39,393,198	$149,844,483	$14,622	$4	3,844
Community Living Supports (Daily)		H2016		Per Diem	2,452	684,907	$29,492,270	$12,028	$43	279
Community Living Supports (Daily)		H2016	TF	Per Diem	2,471	634,455	$39,345,733	$15,923	$62	257
Community Living Supports (Daily)		H2016	TG	Per Diem	5,355	1,552,521	$184,842,920	$34,518	$119	290
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	27	871	$51,205	$1,896	$59	32
Wraparound		H2022		Days	7	139	$14,601	$2,086	$105	20
Supported Employment Services		H2023		15 minutes	4,465	4,581,450	$25,478,618	$5,706	$6	1,026
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	288	447,266	$2,035,928	$7,069	$5	1,553
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1,219	3,976	$550,726	$452	$139	3
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	3	12	$2,203	$734	$184	4
Family Training		S5111		Encounter	1,140	7,518	$935,836	$821	$124	7

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Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	372	2,996	$186,416	$501	$62	8
Chore Services		S5120		15 Minutes	6	341	$3,682	$614	$11	57
Foster Care		S5140		Days	11	930	$84,283	$7,662	$91	85
Foster Care		S5145		Days	34	9,078	$1,779,046	$52,325	$196	267
Respite		S5150		15 Minutes	3,328	3,647,306	$6,167,701	$1,853	$2	1,096
Respite		S5151		Per Diem	523	25,779	$1,223,316	$2,339	$47	49
Personal Emergency Response System (PERS)		S5160		Encounter	24	41	$4,213	$176	$103	2
Personal Emergency Response System (PERS)		S5161		Month	183	1,442	$492,250	$2,690	$341	8
Environmental Modification		S5165		Service	129	151	$446,478	$3,461	$2,957	1
Enhanced Medical Equipment-Supplies		S5199		Items	767	2,163	$527,203	$687	$244	3
Occupational or Physical Therapy		S8990		Encounter	328	13,269	$552,843	$1,685	$42	40
Private Duty Nursing	0582	S9123		Hour	12	18,587	$659,076	$54,923	$35	1,549
Private Duty Nursing		S9123			14	16,447	$552,755	$39,482	$34	1,175
Private Duty Nursing	0582	S9124		Hour	16	30,235	$899,739	$56,234	$30	1,890
Private Duty Nursing		S9124			21	40,186	$1,262,252	$60,107	$31	1,914
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	8	57	$26,186	$3,273	$459	7
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	7	25	$18,769	$2,681	$751	4
Health Services		S9445		Encounter	2,578	6,616	$858,244	$333	$130	3
Health Services		S9446		Encounter	153	792	$150,526	$984	$190	5
Health Services		S9470		Encounter	499	750	$100,096	$201	$133	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	73	991	$47,417	$650	$48	14
Reidential Room and Board		S9976		Days	224	68,972	$1,808,044	$8,072	$26	308
Private Duty Nursing		T1000		Up to 15 min	16	88,231	$725,498	$45,344	$8	5,514
Private Duty Nursing		T1000	TD	Up to 15 min	6	27,522	$272,941	$45,490	$10	4,587
Private Duty Nursing		T1000	TE	Up to 15 min	3	31,119	$216,342	$72,114	$7	10,373
Assessment		T1001		Encounter	5,758	10,854	$2,189,122	$380	$202	2
Health Services		T1002		Up to 15 min	6,276	83,735	$4,898,629	$781	$59	13
Respite Care		T1005		15 Minutes	4,599	5,349,849	$17,728,129	$3,855	$3	1,163
Respite Care		T1005	TD	15 Minutes	15	23,456	$133,228	$8,882	$6	1,564
Respite Care		T1005	TE	15 Minutes	25	52,562	$288,825	$11,553	$5	2,102
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	3	8	$459	$153	$57	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	26,762	886,463	$69,588,628	$2,600	$79	33
Targeted Case Management		T1017		15 minutes	6,374	210,327	$11,710,991	$1,837	$56	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	211	6,132	$186,725	$885	$30	29
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4,312	1,223,780	$27,033,158	$6,269	$22	284
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2,689	708,865	$36,447,726	$13,554	$51	264
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3,029	843,907	$79,069,414	$26,104	$94	279
Assessments		T1023		Encounter	833	1,215	$314,144	$377	$259	1

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,269	10,773	$358,685	$283	$33	8
Transportation		T2001			1	1	$350	$350	$350	1
Transportation		T2002		Per Diem	836	69,346	$254,810	$305	$4	83
Transportation		T2003		Encounter / Trip	1,500	316,951	$3,540,704	$2,360	$11	211
Transportation		T2004			13	2,830	$2,936	$226	$1	218
Transportation		T2005			114	19,002	$68,825	$604	$4	167
Out of Home Prevocational Service		T2015		Hour	975	725,443	$10,829,169	$11,107	$15	744
Targeted Case Management (Children's Waiver)		T2023		Month	398	4,297	$2,047,005	$5,143	$476	11
Fiscal Intermediary Services		T2025		Month	1,480	15,080	$1,816,671	$1,227	$120	10
Enhanced Medical Equipment-Supplies		T2028		Items	36	86	$10,021	$278	$117	2
Enhanced Medical Equipment-Supplies		T2029		Items	106	124	$64,662	$610	$521	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	120	1,293	$224,631	$1,872	$174	11
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	53	310	$44,762	$845	$144	6
Housing Assistance		T2038		Month	764	6,674	$1,550,213	$2,029	$232	9
Enhanced Medical Equipment-Supplies		T2039		Items	38	47	$133,458	$3,512	$2,840	1
Pharmacy (Drugs and Other Biologicals)					14	0	$257,873	$18,419	$0	0
Other					154	0	$243,691	$1,582	$0	0
Aggregate for 'J' Codes		ALL			83	0	$154,529	$1,862	$0	0
Total Population and Cost					**36,622**		**$971,206,511**			

Prevention Indirect Service Model

Fiscal Year 2006-2007

State of Michigan

CMH Name	Prevention Indirect Cost	Total Service Expenditures	Percentage
Allegan	$63,168	$17,220,848	0.37%
AuSable Valley	$998,946	$13,944,195	7.16%
Barry	$0	$5,447,448	0.00%
Bay-Arenac	$52,939	$33,296,732	0.16%
Berrien	$0	$28,144,594	0.00%
Clinton Eaton Ingham	$0	$79,700,602	0.00%
CMH for Central Michigan	$263,476	$65,262,744	0.40%
Copper Country	$0	$14,634,005	0.00%
Detroit-Wayne	$0	$574,542,628	0.00%
Genesee	$735,877	$106,359,598	0.69%
Gogebic	$0	$5,783,685	0.00%
Gratiot	$0	$9,178,555	0.00%
Hiawatha	$0	$14,905,051	0.00%
Huron	$0	$8,851,380	0.00%
Ionia	$24,129	$9,818,168	0.25%
Kalamazoo	$1,506,056	$59,312,252	2.54%
Lapeer	$75,000	$13,910,112	0.54%
Lenawee	$0	$15,800,296	0.00%
Lifeways	$55,000	$43,591,278	0.13%
Livingston	$0	$16,607,622	0.00%
Macomb	$130,630	$175,101,460	0.07%
Manistee-Benzie	$0	$11,352,284	0.00%
Monroe	$0	$26,313,456	0.00%
Montcalm	$108,226	$7,624,222	1.42%
Muskegon	$0	$44,538,679	0.00%
Network180	$2,085,171	$101,946,254	2.05%
Newaygo	$0	$8,489,357	0.00%
North Country	$66,483	$31,937,203	0.21%
Northeast Michigan	$0	$20,381,456	0.00%
Northern Lakes	$0	$38,324,199	0.00%
Northpointe	$71,285	$15,666,274	0.46%
Oakland	$726,216	$241,501,927	0.30%
Ottawa	$0	$30,543,326	0.00%
Pathways	$0	$37,880,460	0.00%
Pines	$0	$8,060,431	0.00%
Saginaw	$13,272	$42,180,165	0.03%
Sanilac	$0	$17,592,557	0.00%
Shiawassee	$96,527	$12,208,592	0.79%
St. Clair	$0	$50,283,103	0.00%
St. Joseph	$0	$11,298,182	0.00%
Summit Pointe	$0	$32,073,865	0.00%
Tuscola	$20,800	$12,728,550	0.16%
Van Buren	$81,155	$14,272,610	0.57%
Washtenaw	$181,348	$53,487,368	0.34%
West Michigan	$92,764	$15,942,622	0.58%
Woodlands	$83,703	$10,153,311	0.82%
State Totals	$7,532,172	$2,208,193,707	0.34%