Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	2	730	$193,059	$96,530	$264	365
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	9	$3,962	$1,981	$440	5
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	25	$5,840	$5,840	$234	25
Assessment-Psychiatric Assessment		90801		Encounter	7	8	$3,055	$436	$382	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$189	$189	$189	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	1	$74	$74	$74	1
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	6	8	$3,016	$503	$377	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Therapy-Individual Therapy		90806		Encounter 45-50 Min	3	7	$901	$300	$129	2
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$228	$228	$228	1
Therapy-Family Therapy		90847		Encounter	1	1	$101	$101	$101	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	56	325	$65,087	$1,162	$200	6
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	1	$316	$316	$316	1
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	10	61	$6,502	$650	$107	6
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	2	3	$338	$169	$113	2
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$635	$318	$318	1
Occupational Therapy		97004		Encounter	24	254	$14,778	$616	$58	11
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	1	18	$405	$405	$22	18
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	12	12	$2,586	$215	$215	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	21	$1,902	$951	$91	11
Assessment		H0031		Encounter	33	198	$28,558	$865	$144	6
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	49	54	$10,025	$205	$186	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	2	$942	$942	$471	2
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	45	14,190	$1,939,599	$43,102	$137	315
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	25	51	$4,040	$162	$79	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	6	17	$2,086	$348	$123	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	22	9,650	$140,936	$6,406	$15	439
Community Living Supports (15 Minutes)		H2015		15 Minutes	97	90,687	$960,750	$9,905	$11	935
Community Living Supports (Daily)		H2016		Per Diem	4	465	$3,379	$845	$7	116
Community Living Supports (Daily)		H2016	*TF*	Per Diem	3	676	$30,120	$10,040	$45	225
Community Living Supports (Daily)		H2016	*TG*	Per Diem	26	8,719	$932,305	$35,858	$107	335
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	55	11,894	$392,669	$7,139	$33	216
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	2	13	$1,458	$729	$112	7
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	24	25	$16,477	$687	$659	1
Occupational or Physical Therapy		S8990		Encounter	2	2,018	$45,388	$22,694	$22	1,009
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	1	1	$91	$91	$91	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	1	1	$622	$622	$622	1
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	16	381	$66,652	$4,166	$175	24
Respite Care		T1005		15 Minutes	27	31,936	$66,418	$2,460	$2	1,183
Respite Care		T1005	TD	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	86	5,200	$295,249	$3,433	$57	60
Targeted Case Management		T1017		15 minutes	98	5,010	$226,829	$2,315	$45	51
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	47	$2,128	$709	$45	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	7	803	$14,921	$2,132	$19	115
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	26	9,057	$410,490	$15,788	$45	348
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	2	3	$3,638	$1,819	$1,213	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
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
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	2	3	$272	$136	$91	2
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$2,574	$2,574	$0	0
Total Population and Cost					**204**		**$5,901,589**			

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	7	$1,352	$1,352	$193	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	1	3	$2,112	$2,112	$704	3
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	14	$221	$221	$16	14
Assessment-Psychiatric Assessment		90801		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90801		Encounter	84	87	$22,259	$265	$256	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	9	41	$1,217	$135	$30	5
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	11	173	$11,055	$1,005	$64	16
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	8	177	$5,255	$657	$30	22

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	148	711	$187,796	$1,269	$264	5
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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	8	55	$32,441	$4,055	$590	7
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	16	24	$23,517	$1,470	$980	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	10	11	$4,556	$456	$414	1
Occupational Therapy		97004		Encounter	62	303	$113,292	$1,827	$374	5
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	2	2	$824	$412	$412	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	176	673	$245,154	$1,393	$364	4
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	214	$8,979	$8,979	$42	214
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	2	683	$140,548	$70,274	$206	342
Respite		H0045		Per Diem	26	423	$33,079	$1,272	$78	16
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	13	13	$3,058	$235	$235	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	10	168	$5,561	$556	$33	17
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	111	339,191	$1,271,966	$11,459	$4	3,056
Community Living Supports (15 Minutes)		H2015		15 Minutes	166	1,501,745	$5,075,898	$30,578	$3	9,047
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	*TF*	Per Diem	33	9,284	$467,078	$14,154	$50	281
Community Living Supports (Daily)		H2016	*TG*	Per Diem	53	16,446	$2,163,307	$40,817	$132	310
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	1	2	$816	$816	$408	2
Supported Employment Services		H2023		15 minutes	34	20,712	$237,981	$6,999	$11	609
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	5	13,959	$67,562	$13,512	$5	2,792
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	2	11	$1,633	$816	$148	6
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	5	57	$8,120	$1,624	$142	11
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	4	4	$727	$182	$182	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	85	374	$42,071	$495	$112	4
Health Services		T1002		Up to 15 min	1	5	$89	$89	$18	5
Respite Care		T1005		15 Minutes	68	78,905	$583,108	$8,575	$7	1,160
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	137	2,811	$806,110	$5,884	$287	21
Targeted Case Management		T1017		15 minutes	237	3,579	$234,281	$989	$65	15
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	29	402	$26,315	$907	$65	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	2,656	$120,715	$7,545	$45	166
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	25	5,231	$296,075	$11,843	$57	209
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	54	17,843	$3,041,161	$56,318	$170	330
Assessments		T1023		Encounter	14	28	$10,199	$729	$364	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	45	30,666	$106,104	$2,358	$3	681
Targeted Case Management (Children's Waiver)		T2023		Month	5	58	$13,091	$2,618	$226	12
Fiscal Intermediary Services		T2025		Month	27	197	$58,996	$2,185	$299	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	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**381**		**$15,475,680**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	2	535	$202,486	$101,243	$378	268
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	6	40	$28,071	$4,679	$702	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	23	24	$6,062	$264	$253	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	7	28	$3,821	$546	$136	4
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	0	0	$0	$0	$0	0
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	1	2	$391	$391	$195	2
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	3	7	$1,094	$365	$156	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	6	$234	$234	$39	6

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	55	242	$24,379	$443	$101	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	3	6	$969	$323	$162	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$177	$177	$177	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	1	4	$497	$497	$124	4
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	68	79	$34,288	$504	$434	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	74	407	$31,211	$422	$77	6
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	2	7	$371	$185	$53	4
Home Based Services		H0036		15 Minutes	11	1,475	$33,863	$3,078	$23	134
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	12	71	$3,647	$304	$51	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	9	17,670	$53,023	$5,891	$3	1,963
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	51,629	$493,370	$246,685	$10	25,815
Community Living Supports (Daily)		H2016		Per Diem	14	4,046	$71,536	$5,110	$18	289
Community Living Supports (Daily)		H2016	*TF*	Per Diem	5	1,491	$66,122	$13,224	$44	298
Community Living Supports (Daily)		H2016	*TG*	Per Diem	25	7,839	$696,138	$27,846	$89	314
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	28	49,203	$165,420	$5,908	$3	1,757
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	15	20,524	$121,714	$8,114	$6	1,368
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	12	58	$5,161	$430	$89	5
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	5	6	$1,390	$278	$232	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	17	17	$6,333	$373	$373	1
Health Services		T1002		Up to 15 min	25	754	$39,945	$1,598	$53	30
Respite Care		T1005		15 Minutes	48	35,393	$192,129	$4,003	$5	737
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	34	1,575	$104,144	$3,063	$66	46
Targeted Case Management		T1017		15 minutes	151	3,781	$272,032	$1,802	$72	25
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	28	8,477	$138,070	$4,931	$16	303
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	2	717	$25,349	$12,674	$35	359
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	14	4,182	$330,199	$23,586	$79	299
Assessments		T1023		Encounter	10	18	$6,828	$683	$379	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	29	2,072	$40,035	$1,381	$19	71
Transportation		T2004			1	10	$34	$34	$3	10
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	3	1,117	$14,038	$4,679	$13	372
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	11	$2,544	$2,544	$231	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**195**		**$3,217,115**			

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	5	38	$5,557	$1,111	$146	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	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	61	63	$17,451	$286	$277	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	1	2	$270	$270	$135	2
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	2	2	$311	$155	$155	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	65	68	$8,765	$135	$129	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	21	22	$7,654	$364	$348	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	239	249	$60,035	$251	$241	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	27	517	$49,741	$1,842	$96	19
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	2	100	$11,377	$5,688	$114	50

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Therapy-Individual Therapy		90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	5	104	$10,211	$2,042	$98	21
Therapy-Individual Therapy		90807		Encounter 45-50 Min	4	256	$28,573	$7,143	$112	64
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	0	0	$0	$0	$0	0
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	62	187	$24,408	$394	$131	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	0	0	$0	$0	$0	0
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	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	1	8	$0	$0	$0	8
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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	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	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	2	266	$66,711	$33,356	$251	133
Speech & Language Therapy		92508		Encounter	10	2,648	$597,541	$59,754	$226	265
Speech & Language Therapy		92526		Encounter	1	21	$9,982	$9,982	$475	21
Speech & Language Therapy		92610		Encounter	4	22	$12,886	$3,222	$586	6
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	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	4	14	$147	$37	$11	4
Occupational or Physical Therapy		97535		15 Minutes	74	75	$16,001	$216	$213	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	26	69	$4,467	$172	$65	3
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			42	200	$28,951	$689	$145	5
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	1	10	$0	$0	$0	10
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	1	2	$7,277	$7,277	$3,639	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	5	6	$640	$128	$107	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	31	69	$11,213	$362	$163	2
Assessment		H0031		Encounter	60	62	$9,329	$155	$150	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	316	2,583	$371,207	$1,175	$144	8
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	30	$1,935	$967	$64	15
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	140	584	$139,036	$993	$238	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	11	36	$2,594	$236	$72	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	367	1,242,924	$3,126,616	$8,519	$3	3,387
Community Living Supports (15 Minutes)		H2015		15 Minutes	298	539,963	$2,417,767	$8,113	$4	1,812
Community Living Supports (Daily)		H2016		Per Diem	26	5,690	$145,673	$5,603	$26	219
Community Living Supports (Daily)		H2016	*TF*	Per Diem	20	5,368	$244,164	$12,208	$45	268
Community Living Supports (Daily)		H2016	*TG*	Per Diem	162	56,348	$5,426,880	$33,499	$96	348
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	69	110,602	$208,282	$3,019	$2	1,603
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	7	143	$41,447	$5,921	$290	20
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	250	219,210	$246,957	$988	$1	877
Respite		S5151		Per Diem	3	23	$8,801	$2,934	$383	8
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$6,023	$6,023	$6,023	1
Enhanced Medical Equipment-Supplies		S5199		Items	72	247	$5,251	$73	$21	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			2	1,473	$31,393	$15,697	$21	737
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			2	7,911	$150,995	$75,498	$19	3,955
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	1	1	$84	$84	$84	1
Health Services		S9470		Encounter	5	9	$323	$65	$36	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	198	67,783	$1,777,492	$8,977	$26	342
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	40	49	$13,805	$345	$282	1
Health Services		T1002		Up to 15 min	389	5,050	$422,360	$1,086	$84	13
Respite Care		T1005		15 Minutes	195	161,163	$397,544	$2,039	$2	826
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	945	21,386	$1,664,845	$1,762	$78	23
Targeted Case Management		T1017		15 minutes	2	33	$976	$488	$30	17
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	98	28,810	$950,213	$9,696	$33	294
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	83	23,925	$1,411,807	$17,010	$59	288
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	44	13,998	$1,501,693	$34,129	$107	318
Assessments		T1023		Encounter	19	23	$9,752	$513	$424	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	14	182	$1,669	$119	$9	13
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	135	48,542	$343,144	$2,542	$7	360
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	16	19,820	$136,093	$8,506	$7	1,239
Targeted Case Management (Children's Waiver)		T2023		Month	8	59	$33,260	$4,157	$564	7
Fiscal Intermediary Services		T2025		Month	22	147	$10,163	$462	$69	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	4	11	$1,805	$451	$164	3
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	18	23	$12,061	$670	$524	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					124	0	$238,796	$1,926	$0	0
Aggregate for 'J' Codes		ALL			18	0	$82	$5	$0	0
Total Population and Cost					**991**		**$22,704,602**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	364	$139,678	$139,678	$384	364
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	5	1,568	$477,819	$95,564	$305	314
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	57	57	$11,992	$210	$210	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	37	321	$16,180	$437	$50	9
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	100	735	$48,851	$489	$66	7
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	0	0	$0	$0	$0	0
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	9	11	$1,082	$120	$98	1
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	43	479	$15,328	$356	$32	11

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	529	1,381	$71,711	$136	$52	3
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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	4	4	$1,171	$293	$293	1
Speech & Language Therapy		92507		Encounter	1	1	$92	$92	$92	1
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
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	29	90	$7,623	$263	$85	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	11	11	$1,563	$142	$142	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	1	10	$2,000	$2,000	$200	10
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
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	20	21	$5,344	$267	$254	1
Occupational Therapy		97004		Encounter	26	28	$3,701	$142	$132	1
Occupational or Physical Therapy		97110		15 Minutes	4	52	$1,045	$261	$20	13
Occupational or Physical Therapy		97112		15 Minutes	2	4	$95	$48	$24	2
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	6	52	$1,089	$182	$21	9
Occupational or Physical Therapy		97532		15 Minutes	5	88	$1,902	$380	$22	18
Occupational or Physical Therapy		97533		15 Minutes	9	163	$2,910	$323	$18	18
Occupational or Physical Therapy		97535		15 Minutes	6	107	$2,298	$383	$21	18
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	64	397	$7,464	$117	$19	6
Assessment or Health Services		97803		15 Minutes	165	900	$16,920	$103	$19	5
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	4	13	$462	$116	$36	3
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	8	77	$2,737	$342	$36	10
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	1	20	$1,231	$1,231	$62	20
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	40	40	$22,558	$564	$564	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	372	501	$43,691	$117	$87	1
Substance Abuse: Assessment		H0031		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
Treatment Planning		H0032		Encounter	198	220	$23,001	$116	$105	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	29	270	$9,592	$331	$36	9
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	44	$1,096	$1,096	$25	44
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	61	17,141	$1,826,484	$29,942	$107	281
Respite		H0045		Per Diem	17	104	$33,111	$1,948	$318	6
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	158	192	$24,865	$157	$130	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	663	2,427,780	$6,078,286	$9,168	$3	3,662
Community Living Supports (15 Minutes)		H2015		15 Minutes	164	400,569	$1,144,165	$6,977	$3	2,442
Community Living Supports (Daily)		H2016		Per Diem	173	49,336	$1,900,007	$10,983	$39	285
Community Living Supports (Daily)		H2016	*TF*	Per Diem	100	25,915	$1,350,633	$13,506	$52	259
Community Living Supports (Daily)		H2016	*TG*	Per Diem	355	105,681	$11,841,989	$33,358	$112	298
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	234	105,063	$1,458,758	$6,234	$14	449
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	3,402	$4,994	$2,497	$1	1,701
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	99	112	$4,076	$41	$36	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	107	921	$285,986	$2,673	$311	9
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	26	209	$13,144	$506	$63	8
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	369	408,977	$382,051	$1,035	$1	1,108
Respite		S5151		Per Diem	13	119	$31,006	$2,385	$261	9
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	3	22	$12,945	$4,315	$588	7
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	3	11	$5,004	$1,668	$455	4
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	43	78	$7,917	$184	$102	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	1	396	$2,752	$2,752	$7	396
Private Duty Nursing		T1000	*TD*	Up to 15 min	5	23,537	$205,015	$41,003	$9	4,707
Private Duty Nursing		T1000	*TE*	Up to 15 min	3	31,119	$216,342	$72,114	$7	10,373
Assessment		T1001		Encounter	344	471	$82,638	$240	$175	1
Health Services		T1002		Up to 15 min	517	7,063	$257,002	$497	$36	14
Respite Care		T1005		15 Minutes	82	58,919	$240,580	$2,934	$4	719
Respite Care		T1005	*TD*	15 Minutes	4	6,189	$48,428	$12,107	$8	1,547
Respite Care		T1005	*TE*	15 Minutes	7	12,933	$88,773	$12,682	$7	1,848
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,771	95,083	$3,737,100	$2,110	$39	54
Targeted Case Management		T1017		15 minutes	51	6,425	$74,496	$1,461	$12	126
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	34	3,298	$42,544	$1,251	$13	97
Personal Care in Licensed Specialized Residential Setting		T1020		Days	30	3,513	$44,392	$1,480	$13	117
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	196	57,957	$2,399,488	$12,242	$41	296
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	383	117,778	$8,265,930	$21,582	$70	308
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	29	314	$98,204	$3,386	$313	11
Fiscal Intermediary Services		T2025		Month	25	200	$17,087	$683	$85	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$761	$761	$761	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	5	5	$29,892	$5,978	$5,978	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**2,123**		**$43,199,071**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	7	59	$41,406	$5,915	$702	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	2	$107	$107	$54	2
Assessment-Psychiatric Assessment		90801		Encounter	39	41	$9,350	$240	$228	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	14	37	$1,959	$140	$53	3
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	16	47	$5,950	$372	$127	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	0	0	$0	$0	$0	0
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	6	9	$1,730	$288	$192	2
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	17	60	$7,881	$464	$131	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	4	27	$1,864	$466	$69	7

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	50	224	$31,202	$624	$139	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	8	10	$1,093	$137	$109	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	24	89	$11,338	$472	$127	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	10	10	$925	$93	$93	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	8	$921	$921	$115	8
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	8	8	$639	$80	$80	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	4	$1,243	$1,243	$311	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	7	11	$1,034	$148	$94	2
Assessment		H0031		Encounter	48	63	$10,247	$213	$163	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	25	29	$4,265	$171	$147	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	3	8	$397	$132	$50	3
Home Based Services		H0036		15 Minutes	1	15	$937	$937	$62	15
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	10	1,124	$9,822	$982	$9	112
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	40	76	$9,336	$233	$123	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	6	18	$1,181	$197	$66	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	30	2,262	$70,104	$2,337	$31	75
Community Living Supports (15 Minutes)		H2015		15 Minutes	16	72,608	$342,938	$21,434	$5	4,538
Community Living Supports (Daily)		H2016		Per Diem	9	1,761	$43,867	$4,874	$25	196
Community Living Supports (Daily)		H2016	*TF*	Per Diem	16	6,175	$305,154	$19,072	$49	386
Community Living Supports (Daily)		H2016	*TG*	Per Diem	21	7,119	$810,692	$38,604	$114	339
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	5	143	$2,839	$568	$20	29
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	12	11,625	$150,517	$12,543	$13	969
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	34	211	$20,425	$601	$97	6
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2	3	$214	$107	$71	2
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$16,542	$16,542	$16,542	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	2	12	$1,961	$981	$163	6
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	7	7	$1,571	$224	$224	1
Health Services		T1002		Up to 15 min	69	638	$24,583	$356	$39	9
Respite Care		T1005		15 Minutes	45	59,299	$147,851	$3,286	$2	1,318
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	27	795	$55,813	$2,067	$70	29
Targeted Case Management		T1017		15 minutes	124	5,020	$342,436	$2,762	$68	40
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	3	8	$546	$182	$68	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	25	8,078	$75,670	$3,027	$9	323
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	5	1,768	$98,841	$19,768	$56	354
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	16	5,274	$590,215	$36,888	$112	330
Assessments		T1023		Encounter	9	39	$7,659	$851	$196	4
Enhanced Medical Supplies or Pharmacy		T1999		Items	5	5	$946	$189	$189	1
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	4	46	$26,446	$6,611	$575	12
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$407	$407	$407	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	4	4	$2,143	$536	$536	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**180**		**$3,295,209**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	241	$122,739	$122,739	$509	241
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	13	$9,723	$9,723	$748	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	12	$9,199	$4,600	$767	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	4	26	$1,916	$479	$74	7
Assessment-Psychiatric Assessment		90801		Encounter	47	47	$14,795	$315	$315	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	9	28	$1,880	$209	$67	3
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	21	69	$8,409	$400	$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	0	0	$0	$0	$0	0
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	2	2	$360	$180	$180	1
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	0	0	$0	$0	$0	0
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	5	32	$3,815	$763	$119	6
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	8	12	$1,380	$173	$115	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	12	$866	$433	$72	6

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	188	606	$62,373	$332	$103	3
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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	5	6	$1,020	$204	$170	1
Speech & Language Therapy		92507		Encounter	7	193	$19,932	$2,847	$103	28
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	3	20	$2,538	$846	$127	7
Speech & Language Therapy		92610		Encounter	3	3	$511	$170	$170	1
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	50	190	$29,809	$596	$157	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	29	31	$6,141	$212	$198	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	99	118	$40,507	$409	$343	1
Occupational Therapy		97004		Encounter	53	129	$16,191	$305	$126	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	26	162	$13,234	$509	$82	6
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	6	15	$1,138	$190	$76	3
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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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	1	1	$164	$164	$164	1
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	1	1	$164	$164	$164	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$144	$144	$144	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	5	17	$6,502	$1,300	$382	3
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	27	54	$16,964	$628	$314	2
Assessment		H0031		Encounter	128	148	$33,065	$258	$223	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	278	977	$177,358	$638	$182	4
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	34	109	$6,089	$179	$56	3
Home Based Services		H0036		15 Minutes	4	490	$26,185	$6,546	$53	123
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	19	6,485	$984,220	$51,801	$152	341
Respite		H0045		Per Diem	4	30	$2,142	$536	$71	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
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	51	64	$5,673	$111	$89	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	8	51	$1,921	$240	$38	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	234	668,836	$2,555,563	$10,921	$4	2,858
Community Living Supports (15 Minutes)		H2015		15 Minutes	177	772,951	$2,565,459	$14,494	$3	4,367
Community Living Supports (Daily)		H2016		Per Diem	19	5,971	$100,236	$5,276	$17	314
Community Living Supports (Daily)		H2016	*TF*	Per Diem	36	11,331	$507,236	$14,090	$45	315
Community Living Supports (Daily)		H2016	*TG*	Per Diem	127	41,184	$5,596,780	$44,069	$136	324
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	62	53,338	$352,346	$5,683	$7	860
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	9	20,721	$95,240	$10,582	$5	2,302
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	89	145	$13,266	$149	$91	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	15	182	$39,071	$2,605	$215	12
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	203	130,747	$196,289	$967	$2	644
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	2	16	$806	$403	$50	8
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	6	$1,286	$643	$214	3
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	5	5	$1,024	$205	$205	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	7	139	$7,251	$1,036	$52	20
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	228	242	$60,806	$267	$251	1
Health Services		T1002		Up to 15 min	59	377	$19,053	$323	$51	6
Respite Care		T1005		15 Minutes	4	8,884	$33,754	$8,439	$4	2,221
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	394	7,764	$579,496	$1,471	$75	20
Targeted Case Management		T1017		15 minutes	353	8,460	$457,754	$1,297	$54	24
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	4	37	$1,193	$298	$32	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	96	30,505	$480,669	$5,007	$16	318
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	27	8,954	$466,667	$17,284	$52	332
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	57	18,826	$1,760,900	$30,893	$94	330
Assessments		T1023		Encounter	11	13	$1,720	$156	$132	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	20	162	$22,091	$1,105	$136	8
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	2	8	$111	$56	$14	4
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	15	176	$2,452	$163	$14	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$2,346	$2,346	$0	0
Total Population and Cost					**697**		**$17,549,932**			

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	365	$89,822	$89,822	$246	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	5	$167	$84	$33	3
Assessment-Psychiatric Assessment		90801		Encounter	21	22	$6,065	$289	$276	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	3	$110	$110	$37	3
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1	6	$384	$384	$64	6
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	14	$428	$214	$31	7

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	82	228	$24,865	$303	$109	3
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	48	$4,078	$4,078	$85	48
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	1	$249	$249	$249	1
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	3	5	$1,019	$340	$204	2
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	28	125	$22,506	$804	$180	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	1	$328	$328	$328	1
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
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	1	1	$173	$173	$173	1
Physical Therapy		97002		Encounter	1	4	$542	$542	$135	4
Occupational Therapy		97003		Encounter	45	46	$14,926	$332	$324	1
Occupational Therapy		97004		Encounter	2	5	$899	$449	$180	3
Occupational or Physical Therapy		97110		15 Minutes	1	151	$5,478	$5,478	$36	151
Occupational or Physical Therapy		97112		15 Minutes	1	1	$43	$43	$43	1
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	1	160	$5,666	$5,666	$35	160
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	1	108	$3,606	$3,606	$33	108
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	124	$4,702	$4,702	$38	124
Occupational or Physical Therapy		97537		15 Minutes	1	72	$2,206	$2,206	$31	72
Occupational or Physical Therapy		97542		15 Minutes	1	12	$809	$809	$67	12
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	3	$285	$285	$95	3
Assessment or Health Services		97803		15 Minutes	1	1	$71	$71	$71	1
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	1	1	$58	$58	$58	1
Additional Codes-Physician Services		99213		Encounter	6	6	$698	$116	$116	1
Additional Codes-Physician Services		99214		Encounter	3	4	$744	$248	$186	1
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	2	2	$558	$279	$279	1
Additional Codes-Physician Services		99253		Encounter	3	5	$1,773	$591	$355	2
Additional Codes-Physician Services		99254		Encounter	1	1	$465	$465	$465	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	31	31	$3,714	$120	$120	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	145	253	$54,908	$379	$217	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	35	94	$3,760	$107	$40	3
Home Based Services		H0036		15 Minutes	2	104	$5,937	$2,969	$57	52
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	49	122	$1,689	$34	$14	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	10	48	$921	$92	$19	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	48	34,876	$180,212	$3,754	$5	727
Community Living Supports (15 Minutes)		H2015		15 Minutes	222	579,534	$3,063,265	$13,798	$5	2,611
Community Living Supports (Daily)		H2016		Per Diem	32	8,369	$239,378	$7,481	$29	262
Community Living Supports (Daily)		H2016	*TF*	Per Diem	35	9,622	$496,572	$14,188	$52	275
Community Living Supports (Daily)		H2016	*TG*	Per Diem	107	34,244	$5,168,708	$48,306	$151	320
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	147	161,471	$1,514,942	$10,306	$9	1,098
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	8	6,368	$48,927	$6,116	$8	796
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	57	148	$8,603	$151	$58	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	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	14	$2,921	$2,921	$209	14
Personal Emergency Response System (PERS)		S5160		Encounter	18	21	$1,562	$87	$74	1
Personal Emergency Response System (PERS)		S5161		Month	20	159	$304,097	$15,205	$1,913	8
Environmental Modification		S5165		Service	3	5	$9,696	$3,232	$1,939	2
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	1	1,335	$69,094	$69,094	$52	1,335
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	111	169	$22,949	$207	$136	2
Health Services		T1002		Up to 15 min	129	2,200	$102,287	$793	$46	17
Respite Care		T1005		15 Minutes	43	51,793	$57,559	$1,339	$1	1,204
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	205	4,229	$458,809	$2,238	$108	21
Targeted Case Management		T1017		15 minutes	168	2,810	$293,636	$1,748	$104	17
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	2	31	$1,668	$834	$54	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	103	31,631	$377,332	$3,663	$12	307
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	62	17,222	$831,845	$13,417	$48	278
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	15	3,021	$264,237	$17,616	$87	201
Assessments		T1023		Encounter	7	13	$1,022	$146	$79	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	103	1,530	$18,165	$176	$12	15
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	47	$14,989	$14,989	$319	47
Fiscal Intermediary Services		T2025		Month	14	158	$17,424	$1,245	$110	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			2	0	$113	$56	$0	0
Total Population and Cost					**383**		**$13,834,938**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	6	1,644	$563,267	$93,878	$343	274
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	13	95	$66,331	$5,102	$698	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	1	$68	$68	$68	1
Assessment-Psychiatric Assessment		90801		Encounter	149	179	$48,390	$325	$270	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	11	28	$2,390	$217	$85	3
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	3	6	$636	$212	$106	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	47	375	$58,628	$1,247	$156	8
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	1	1	$146	$146	$146	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	3	5	$1,126	$375	$225	2
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	93	$14,157	$4,719	$152	31
Therapy-Family Therapy		90847		Encounter	13	80	$11,766	$905	$147	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	3	52	$5,242	$1,747	$101	17

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	261	1,047	$130,310	$499	$124	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	28	43	$5,793	$207	$135	2
Speech & Language Therapy		92506		Encounter	7	9	$1,343	$192	$149	1
Speech & Language Therapy		92507		Encounter	1	110	$4,752	$4,752	$43	110
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	1	1	$149	$149	$149	1
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	32	81	$10,498	$328	$130	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	10	43	$10,173	$1,017	$237	4
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	29	30	$7,314	$252	$244	1
Physical Therapy		97002		Encounter	2	2	$492	$246	$246	1
Occupational Therapy		97003		Encounter	33	49	$8,567	$260	$175	1
Occupational Therapy		97004		Encounter	5	8	$848	$170	$106	2
Occupational or Physical Therapy		97110		15 Minutes	1	93	$5,548	$5,548	$60	93
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	1	2	$93	$93	$46	2
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	52	$3,209	$3,209	$62	52
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	7	$324	$324	$46	7
Occupational or Physical Therapy		97535		15 Minutes	2	16	$922	$461	$58	8
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	15	145	$1,789	$119	$12	10
Assessment or Health Services		97803		15 Minutes	6	88	$1,086	$181	$12	15
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	3	4	$4,024	$1,341	$1,006	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	4	4	$547	$137	$137	1
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	2	8	$1,868	$934	$233	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	20	731	$24,437	$1,222	$33	37
Prevention Services - Direct Model		H0025		Face to Face Contact	1	1	$180	$180	$180	1
Assessment		H0031		Encounter	586	619	$97,412	$166	$157	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	139	209	$48,582	$350	$232	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	7	611	$29,536	$4,219	$48	87
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	5	129	$3,304	$661	$26	26
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	9	$583	$583	$65	9
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	12	170	$36,370	$3,031	$214	14
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	38	46	$11,686	$308	$254	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	17	167	$13,226	$778	$79	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	347	671,484	$2,021,167	$5,825	$3	1,935
Community Living Supports (15 Minutes)		H2015		15 Minutes	385	520,778	$2,442,449	$6,344	$5	1,353
Community Living Supports (Daily)		H2016		Per Diem	10	2,112	$65,176	$6,518	$31	211
Community Living Supports (Daily)		H2016	*TF*	Per Diem	95	23,980	$1,430,647	$15,059	$60	252
Community Living Supports (Daily)		H2016	*TG*	Per Diem	123	35,574	$4,207,693	$34,209	$118	289
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	2	58	$2,804	$1,402	$48	29
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	126	109,362	$307,307	$2,439	$3	868
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	25	23,582	$93,856	$3,754	$4	943
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	117	497	$50,098	$428	$101	4
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	14	20	$3,662	$262	$183	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	4	234	$3,739	$935	$16	59
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	298	200,833	$176,733	$593	$1	674
Respite		S5151		Per Diem	6	2,862	$43,301	$7,217	$15	477
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	5	$293	$293	$59	5
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	2	32	$2,041	$1,020	$64	16
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			3	2,864	$88,383	$29,461	$31	955
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			3	7,189	$340,112	$113,371	$47	2,396
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	30	33	$6,138	$205	$186	1
Health Services		T1002		Up to 15 min	50	116	$6,324	$126	$55	2
Respite Care		T1005		15 Minutes	123	73,166	$201,207	$1,636	$3	595
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	171	2,722	$181,993	$1,064	$67	16
Targeted Case Management		T1017		15 minutes	725	9,677	$537,461	$741	$56	13
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	11	89	$4,943	$449	$56	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	72	18,995	$586,186	$8,141	$31	264
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	78	23,422	$1,493,621	$19,149	$64	300
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	65	18,669	$2,054,710	$31,611	$110	287
Assessments		T1023		Encounter	14	16	$3,785	$270	$237	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	1	$289	$289	$289	1
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	67	14,499	$283,310	$4,229	$20	216
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	12	$1,617	$1,617	$135	12
Enhanced Medical Equipment-Supplies		T2028		Items	5	20	$843	$169	$42	4
Enhanced Medical Equipment-Supplies		T2029		Items	3	3	$1,111	$370	$370	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	7	58	$11,166	$1,595	$193	8
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$1,029	$1,029	$1,029	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**963**		**$17,892,748**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	3	56	$35,679	$11,893	$637	19
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	5	80	$31,151	$6,230	$389	16
Assessment-Psychiatric Assessment		90801		Encounter	17	17	$2,440	$144	$144	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4	26	$1,293	$323	$50	7
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	1	5	$229	$229	$46	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	9	46	$4,574	$508	$99	5
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	2	$199	$99	$99	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	4	50	$7,458	$1,865	$149	13

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	99	432	$59,270	$599	$137	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	17	17	$16,227	$955	$955	1
Speech & Language Therapy		92507		Encounter	7	8	$7,636	$1,091	$955	1
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	5	6	$5,727	$1,145	$955	1
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	5	20	$7,015	$1,403	$360	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	2	2	$79	$39	$39	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	79	89	$32,019	$405	$360	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	35	168	$16,590	$474	$99	5
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	2	3	$296	$148	$99	2
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	5	24	$2,370	$474	$99	5
Occupational or Physical Therapy		97150		Encounter	4	17	$6,116	$1,529	$360	4
Occupational or Physical Therapy		97530		15 Minutes	21	64	$6,320	$301	$99	3
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	15	8,493	$8,789	$586	$1	566
Occupational or Physical Therapy		97535		15 Minutes	5	407	$40,142	$8,028	$99	81
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	15	47	$4,641	$309	$99	3
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97760		15 Minutes	4	12	$1,185	$296	$99	3
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	48	306	$9,988	$208	$33	6
Assessment or Health Services		97803		15 Minutes	41	132	$4,308	$105	$33	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	6	12	$8,885	$1,481	$740	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	3	3	$447	$149	$149	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	1	$710	$710	$710	1
Assessment		H0031		Encounter	88	100	$14,916	$170	$149	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	110	342	$51,013	$464	$149	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	2	2	$122	$61	$61	1
Home Based Services		H0036		15 Minutes	4	928	$52,812	$13,203	$57	232
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	32	229	$16,683	$521	$73	7
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	30	72	$20,678	$689	$287	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	13	50	$3,734	$287	$75	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	140	390,500	$1,327,700	$9,484	$3	2,789
Community Living Supports (15 Minutes)		H2015		15 Minutes	49	138,250	$508,413	$10,376	$4	2,821
Community Living Supports (Daily)		H2016		Per Diem	14	3,083	$90,807	$6,486	$29	220
Community Living Supports (Daily)		H2016	TF	Per Diem	17	3,425	$176,696	$10,394	$52	201
Community Living Supports (Daily)		H2016	TG	Per Diem	53	17,729	$2,665,722	$50,297	$150	335
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	107	$4,672	$4,672	$44	107
Wraparound		H2022		Days	1	3	$962	$962	$321	3
Supported Employment Services		H2023		15 minutes	43	63,042	$200,958	$4,673	$3	1,466
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	49	468	$171,227	$3,494	$366	10
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	49	18,624	$20,673	$422	$1	380
Respite		S5151		Per Diem	15	63	$5,399	$360	$86	4
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$1,056	$1,056	$1,056	1
Enhanced Medical Equipment-Supplies		S5199		Items	4	7	$165	$41	$24	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	47	48	$6,586	$140	$137	1
Health Services		T1002		Up to 15 min	55	493	$30,063	$547	$61	9
Respite Care		T1005		15 Minutes	5	12,804	$46,789	$9,358	$4	2,561
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	5	12,804	$21,126	$4,225	$2	2,561
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	180	4,715	$229,998	$1,278	$49	26
Targeted Case Management		T1017		15 minutes	22	620	$29,134	$1,324	$47	28
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	4	44	$2,068	$517	$47	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	47	14,376	$203,045	$4,320	$14	306
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	25	6,380	$253,714	$10,149	$40	255
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	12	3,389	$254,779	$21,232	$75	282
Assessments		T1023		Encounter	12	18	$2,885	$240	$160	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	64	469	$6,740	$105	$14	7
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			114	19,002	$68,825	$604	$4	167
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	12	$5,118	$5,118	$427	12
Fiscal Intermediary Services		T2025		Month	5	39	$4,987	$997	$128	8
Enhanced Medical Equipment-Supplies		T2028		Items	3	3	$521	$174	$174	1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			2	0	$16,952	$8,476	$0	0
Total Population and Cost					**280**		**$6,839,519**			

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	3	1,110	$511,443	$170,481	$461	370
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	93	$22,413	$22,413	$241	93
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	10	151	$52,116	$5,212	$345	15
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	5	60	$30,066	$6,013	$501	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	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	2	41	$960	$480	$23	21
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	25	$2,153	$1,077	$86	13
Assessment-Psychiatric Assessment		90801		Encounter	121	136	$26,457	$219	$195	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	70	152	$15,654	$224	$103	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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	177	943	$182,537	$1,031	$194	5
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	0	0	$0	$0	$0	0
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	98	322	$112,877	$1,152	$351	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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	20	44	$9,134	$457	$208	2
Therapy-Family Therapy		90847		Encounter	79	339	$61,278	$776	$181	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	78	683	$34,246	$439	$50	9

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	822	3,396	$369,689	$450	$109	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	6	11	$1,074	$179	$98	2
Speech & Language Therapy		92506		Encounter	33	33	$25,764	$781	$781	1
Speech & Language Therapy		92507		Encounter	23	58	$34,063	$1,481	$587	3
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	2	2	$76	$38	$38	1
Speech & Language Therapy		92610		Encounter	25	26	$21,745	$870	$836	1
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	151	509	$154,298	$1,022	$303	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	14	28	$5,251	$375	$188	2
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	584	2,360	$708,118	$1,213	$300	4
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	367	402	$159,498	$435	$397	1
Occupational Therapy		97004		Encounter	3	9	$267	$89	$30	3
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	9	25	$1,734	$193	$69	3
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	13	57	$3,953	$304	$69	4
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	12	601	$31,111	$2,593	$52	50
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	5	182	$5,655	$1,131	$31	36
Occupational or Physical Therapy		97535		15 Minutes	68	303	$21,013	$309	$69	4
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	205	1,448	$100,419	$490	$69	7
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	73	475	$32,941	$451	$69	7

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97760		15 Minutes	49	307	$21,195	$433	$69	6
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	38	179	$8,939	$235	$50	5
Assessment or Health Services		97803		15 Minutes	449	1,868	$93,101	$207	$50	4
Health Services		97804		30 Minutes	6	45	$1,361	$227	$30	8
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	5	11	$1,178	$236	$107	2
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	3	16	$1,263	$421	$79	5
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			149	236	$276,328	$1,855	$1,171	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	4	6	$39,932	$9,983	$6,655	2
Activity Therapy (Children's Waiver)		G0176		Encounter	1	67	$3,884	$3,884	$58	67
Family Training/Support EBP only		G0177		Encounter	1	1	$224	$224	$224	1
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	3	5	$107	$36	$21	2
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,154	1,863	$482,592	$418	$259	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	1,577	4,312	$1,119,999	$710	$260	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	20	95	$8,051	$403	$85	5
Home Based Services		H0036		15 Minutes	5	610	$19,145	$3,829	$31	122
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	93	27,805	$3,740,051	$40,216	$135	299
Respite		H0045		Per Diem	221	4,007	$901,415	$4,079	$225	18
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	632	726	$53,550	$85	$74	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	126	761	$50,165	$398	$66	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1,112	3,704,865	$12,707,687	$11,428	$3	3,332
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,047	6,113,471	$26,715,868	$25,517	$4	5,839
Community Living Supports (Daily)		H2016		Per Diem	525	161,426	$7,380,397	$14,058	$46	307
Community Living Supports (Daily)		H2016	*TF*	Per Diem	283	72,954	$5,379,628	$19,009	$74	258
Community Living Supports (Daily)		H2016	*TG*	Per Diem	540	159,019	$15,784,226	$29,230	$99	294
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	52	$2,340	$2,340	$45	52
Wraparound		H2022		Days	1	17	$4,068	$4,068	$239	17
Supported Employment Services		H2023		15 minutes	459	978,705	$5,138,201	$11,194	$5	2,132
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	1,286	$4,385	$4,385	$3	1,286
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	40	155	$33,748	$844	$218	4
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	21	177	$12,657	$603	$72	8
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1,218	1,901,567	$3,784,118	$3,107	$2	1,561
Respite		S5151		Per Diem	167	2,237	$428,945	$2,569	$192	13
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	$1,783	$1,783	$1,783	1
Personal Emergency Response System (PERS)		S5161		Month	2	20	$755	$378	$38	10
Environmental Modification		S5165		Service	30	43	$78,858	$2,629	$1,834	1
Enhanced Medical Equipment-Supplies		S5199		Items	372	964	$358,059	$963	$371	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	3	29	$10,925	$3,642	$377	10
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	9	28	$643	$71	$23	3
Health Services		S9446		Encounter	29	85	$2,263	$78	$27	3
Health Services		S9470		Encounter	56	79	$11,937	$213	$151	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	5	33,785	$252,712	$50,542	$7	6,757
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	751	870	$318,638	$424	$366	1
Health Services		T1002		Up to 15 min	749	4,178	$326,051	$435	$78	6
Respite Care		T1005		15 Minutes	246	292,554	$1,170,216	$4,757	$4	1,189
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	1	2	$144	$144	$72	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3,379	128,971	$8,518,535	$2,521	$66	38
Targeted Case Management		T1017		15 minutes	9	422	$25,013	$2,779	$59	47
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	18	348	$19,648	$1,092	$56	19
Personal Care in Licensed Specialized Residential Setting		T1020		Days	541	159,371	$3,058,329	$5,653	$19	295
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	283	72,954	$4,255,407	$15,037	$58	258
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	525	161,426	$16,040,902	$30,554	$99	307
Assessments		T1023		Encounter	27	52	$9,164	$339	$176	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	241	1,721	$86,864	$360	$50	7
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	374	289,579	$4,143,875	$11,080	$14	774
Targeted Case Management (Children's Waiver)		T2023		Month	49	429	$147,048	$3,001	$343	9
Fiscal Intermediary Services		T2025		Month	222	2,375	$222,300	$1,001	$94	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	72	645	$149,047	$2,070	$231	9
Enhanced Medical Equipment-Supplies		T2039		Items	19	26	$76,816	$4,043	$2,954	1
Pharmacy (Drugs and Other Biologicals)					0	0	$250,527	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**3,850**		**$126,473,210**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	4	1,275	$316,159	$79,040	$248	319
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	5	$3,545	$3,545	$709	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	11	34	$21,641	$1,967	$636	3
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	24	24	$8,436	$351	$351	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	17	171	$2,057	$121	$12	10
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Therapy-Individual Therapy		90806		Encounter 45-50 Min	15	96	$10,736	$716	$112	6
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	0	0	$0	$0	$0	0
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	4	10	$1,147	$287	$115	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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	2	14	$221	$111	$16	7
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	1	$16	$16	$16	1
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
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	2	$32	$32	$16	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	9	193	$16,809	$1,868	$87	21

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	164	597	$104,398	$637	$175	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	7	7	$2,481	$354	$354	1
Speech & Language Therapy		92507		Encounter	6	13	$205	$34	$16	2
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	1	1	$15	$15	$15	1
Speech & Language Therapy		92610		Encounter	1	1	$6	$6	$6	1
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	8	62	$21,420	$2,677	$345	8
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	1	4	$1,344	$1,344	$336	4
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	7	8	$107	$15	$13	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	22	24	$6,617	$301	$276	1
Occupational Therapy		97004		Encounter	8	8	$4,348	$544	$544	1
Occupational or Physical Therapy		97110		15 Minutes	4	13	$110	$28	$8	3
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	17	246	$2,576	$152	$10	14
Occupational or Physical Therapy		97532		15 Minutes	1	1	$5	$5	$5	1
Occupational or Physical Therapy		97533		15 Minutes	1	1	$27	$27	$27	1
Occupational or Physical Therapy		97535		15 Minutes	10	103	$3,575	$358	$35	10
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	2	10	$158	$79	$16	5
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	2	5	$2,285	$1,142	$457	3
Activity Therapy (Children's Waiver)		G0176		Encounter	4	97	$4,997	$1,249	$52	24
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	6	$1,505	$1,505	$251	6
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	104	117	$19,644	$189	$168	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	161	604	$143,566	$892	$238	4
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	178	$13,103	$13,103	$74	178
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	30	7,275	$806,470	$26,882	$111	243
Respite		H0045		Per Diem	76	1,289	$118,512	$1,559	$92	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	43	73	$34,395	$800	$471	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	14	54	$11,555	$825	$214	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	278	1,037,073	$2,962,627	$10,657	$3	3,730
Community Living Supports (15 Minutes)		H2015		15 Minutes	280	624,609	$3,510,003	$12,536	$6	2,231
Community Living Supports (Daily)		H2016		Per Diem	58	18,569	$512,132	$8,830	$28	320
Community Living Supports (Daily)		H2016	*TF*	Per Diem	16	5,776	$245,738	$15,359	$43	361
Community Living Supports (Daily)		H2016	*TG*	Per Diem	83	28,223	$3,577,848	$43,107	$127	340
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	94	46,184	$606,100	$6,448	$13	491
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	9	8,353	$27,565	$3,063	$3	928
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	2	2	$35	$18	$18	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	30	349	$53,376	$1,779	$153	12
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	24	233	$27,123	$1,130	$116	10
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	72	696	$58,653	$815	$84	10
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	4	11	$442	$111	$40	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	1	5,786	$151,645	$151,645	$26	5,786

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	1	0	$5,804	$5,804	$0	0
Health Services		S9445		Encounter	5	78	$3,026	$605	$39	16
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	7	141	$10,339	$1,477	$73	20
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	23	24	$61,740	$2,684	$2,573	1
Health Services		T1002		Up to 15 min	22	57	$8,168	$371	$143	3
Respite Care		T1005		15 Minutes	128	130,114	$448,599	$3,505	$3	1,017
Respite Care		T1005	*TD*	15 Minutes	1	581	$4,358	$4,358	$8	581
Respite Care		T1005	*TE*	15 Minutes	2	3,656	$29,097	$14,549	$8	1,828
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	470	4,065	$1,004,904	$2,138	$247	9
Targeted Case Management		T1017		15 minutes	35	1,267	$91,936	$2,627	$73	36
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	70	22,950	$438,903	$6,270	$19	328
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	32	10,881	$540,496	$16,891	$50	340
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	53	18,030	$1,508,965	$28,471	$84	340
Assessments		T1023		Encounter	6	10	$6,795	$1,133	$680	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	6	$201	$201	$33	6
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	29	31,498	$255,891	$8,824	$8	1,086
Targeted Case Management (Children's Waiver)		T2023		Month	30	341	$315,017	$10,501	$924	11
Fiscal Intermediary Services		T2025		Month	7	56	$5,800	$829	$104	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	5	5	$2,230	$446	$446	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$10,576	$0	$0	0
Total Population and Cost					**671**		**$18,170,371**			

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	3	8	$63,194	$21,065	$7,899	3
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	3	31	$3,532	$1,177	$114	10
Assessment-Psychiatric Assessment		90801		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90801		Encounter	27	29	$18,180	$673	$627	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	6	6	$900	$150	$150	1
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	29	234	$50,577	$1,744	$216	8
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	8	$1,806	$1,806	$226	8
Therapy-Family Therapy		90847		Encounter	7	11	$2,155	$308	$196	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	4	49	$3,915	$979	$80	12

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	122	521	$161,677	$1,325	$310	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	40	42	$24,779	$619	$590	1
Speech & Language Therapy		92507		Encounter	38	443	$134,428	$3,538	$303	12
Speech & Language Therapy		92508		Encounter	5	22	$4,698	$940	$214	4
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	18	124	$41,591	$2,311	$335	7
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	6	6	$828	$138	$138	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	84	94	$62,957	$749	$670	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	5	258	$12,869	$2,574	$50	52
Occupational or Physical Therapy		97150		Encounter	3	31	$5,897	$1,966	$190	10
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	39	495	$47,466	$1,217	$96	13
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	10	55	$2,018	$202	$37	6
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	1	4	$277	$277	$69	4
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			2	2	$120	$60	$60	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			2	4	$240	$120	$60	2
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	1	1	$17,576	$17,576	$17,576	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$150	$150	$150	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	31	758	$4,025	$130	$5	24
Prevention Services - Direct Model		H0025		Face to Face Contact	4	142	$22,354	$5,588	$157	36
Assessment		H0031		Encounter	71	82	$22,274	$314	$272	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Treatment Planning		H0032		Encounter	121	178	$73,106	$604	$411	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	1	$125	$125	$125	1
Home Based Services		H0036		15 Minutes	2	153	$35,008	$17,504	$229	77
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	3	$115	$58	$38	2
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	66	178	$71,196	$1,079	$400	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	25	187	$12,899	$516	$69	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	245	309,038	$3,640,468	$14,859	$12	1,261
Community Living Supports (15 Minutes)		H2015		15 Minutes	283	659,525	$3,957,150	$13,983	$6	2,330
Community Living Supports (Daily)		H2016		Per Diem	37	8,149	$332,805	$8,995	$41	220
Community Living Supports (Daily)		H2016	*TF*	Per Diem	116	27,292	$1,793,084	$15,458	$66	235
Community Living Supports (Daily)		H2016	*TG*	Per Diem	94	18,155	$3,754,636	$39,943	$207	193
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	57	27,961	$225,645	$3,959	$8	491
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	4	5	$868	$217	$174	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	46	391	$30,064	$654	$77	9
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	22	$1,692	$282	$77	4
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	365	$23,506	$23,506	$64	365
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	3	11	$59	$20	$5	4
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	3	42	$6,526	$2,175	$155	14
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing		S9124			2	1,566	$57,143	$28,572	$36	783
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	7	42	$17,677	$2,525	$421	6
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	35	55	$22,125	$632	$402	2
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	107	93,224	$778,420	$7,275	$8	871
Respite Care		T1005	*TD*	15 Minutes	1	768	$8,087	$8,087	$11	768
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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	511	11,968	$1,385,176	$2,711	$116	23
Targeted Case Management		T1017		15 minutes	32	1,636	$119,968	$3,749	$73	51
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	7	$513	$513	$73	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	95	23,939	$445,265	$4,687	$19	252
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	91	17,999	$1,195,314	$13,135	$66	198
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	51	10,060	$1,235,368	$24,223	$123	197
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	30	351	$5,283	$176	$15	12
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	28	14,364	$22,551	$805	$2	513
Targeted Case Management (Children's Waiver)		T2023		Month	11	93	$0	$0	$0	8
Fiscal Intermediary Services		T2025		Month	14	74	$10,979	$784	$148	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$210	$210	$210	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**578**		**$19,973,514**			

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	365	$66,065	$66,065	$181	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	4	$3,368	$3,368	$842	4
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	8	82	$3,382	$423	$41	10
Assessment-Psychiatric Assessment		90801		Encounter	18	20	$5,583	$310	$279	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	6	8	$550	$92	$69	1
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	28	179	$24,610	$879	$137	6
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	0	0	$0	$0	$0	0
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	4	91	$17,805	$4,451	$196	23
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$137	$137	$137	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	49	$1,742	$871	$36	25

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	72	283	$27,885	$387	$99	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	14	27	$1,100	$79	$41	2
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	7	27	$1,123	$160	$42	4
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	3	141	$5,568	$1,856	$39	47
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	2	158	$6,336	$3,168	$40	79
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	20	53	$1,822	$91	$34	3
Assessment or Health Services		97803		15 Minutes	3	10	$344	$115	$34	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	35	36	$3,093	$88	$86	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	70	$401	$401	$6	70
Assessment		H0031		Encounter	9	9	$1,237	$137	$137	1
Substance Abuse: Assessment		H0031		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
Treatment Planning		H0032		Encounter	15	18	$1,925	$128	$107	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	75	$2,578	$2,578	$34	75
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$55,000	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	3	711	$24,438	$8,146	$34	237
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	17	25	$2,149	$126	$86	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	8	38	$1,306	$163	$34	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	5,098	$8,970	$8,970	$2	5,098
Community Living Supports (15 Minutes)		H2015		15 Minutes	88	325,417	$779,470	$8,858	$2	3,698
Community Living Supports (Daily)		H2016		Per Diem	8	2,046	$77,416	$9,677	$38	256
Community Living Supports (Daily)		H2016	*TF*	Per Diem	13	3,603	$205,593	$15,815	$57	277
Community Living Supports (Daily)		H2016	*TG*	Per Diem	33	10,196	$1,221,034	$37,001	$120	309
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	79	12,147	$59,680	$755	$5	154
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	11	25,024	$61,068	$5,552	$2	2,275
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	7	$1,264	$1,264	$181	7
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	1	2	$69	$69	$35	2
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	1	1	$69	$69	$69	1
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	3	3	$371	$124	$124	1
Health Services		T1002		Up to 15 min	55	181	$7,834	$142	$43	3
Respite Care		T1005		15 Minutes	38	31,158	$68,966	$1,815	$2	820
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	159	6,234	$257,128	$1,617	$41	39
Targeted Case Management		T1017		15 minutes	34	724	$28,273	$832	$39	21
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	6	95	$3,265	$544	$34	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	3,013	$68,284	$6,208	$23	274
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	12	3,914	$198,480	$16,540	$51	326
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	25	8,612	$1,127,848	$45,114	$131	344
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	16	$660	$330	$41	8
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	3	3	$4,967	$1,656	$1,656	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**204**		**$4,440,256**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	3	666	$233,953	$77,984	$351	222
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	6	2,072	$495,208	$82,535	$239	345
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	9	142	$92,226	$10,247	$649	16
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	14	182	$8,210	$586	$45	13
Assessment-Psychiatric Assessment		90801		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90801		Encounter	27	27	$2,766	$102	$102	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	5	$574	$115	$115	1
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	85	1,111	$144,503	$1,700	$130	13
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	1	5	$496	$496	$99	5
Therapy-Individual Therapy		90817		Encounter 20-30 Min	1	1	$134	$134	$134	1
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	12	$1,580	$1,580	$132	12
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	41	$497	$249	$12	21
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	33	$36,716	$18,358	$1,113	17

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	319	789	$44,788	$140	$57	2
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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	8	8	$1,744	$218	$218	1
Speech & Language Therapy		92507		Encounter	1	3	$591	$591	$197	3
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
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	136	482	$50,118	$369	$104	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	6	6	$1,046	$174	$174	1
Physical Therapy		97002		Encounter	10	10	$1,963	$196	$196	1
Occupational Therapy		97003		Encounter	13	13	$7,916	$609	$609	1
Occupational Therapy		97004		Encounter	106	114	$37,464	$353	$329	1
Occupational or Physical Therapy		97110		15 Minutes	14	96	$3,753	$268	$39	7
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	1	4	$168	$168	$42	4
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	3	15	$1,223	$408	$82	5
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	15	57	$4,200	$280	$74	4
Assessment or Health Services		97803		15 Minutes	29	289	$18,915	$652	$65	10
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			8	10	$822	$103	$82	1
Additional Codes-Physician Services		99222			3	3	$337	$112	$112	1
Additional Codes-Physician Services		99223			1	1	$89	$89	$89	1
Additional Codes-Physician Services		99231			11	108	$3,673	$334	$34	10
Additional Codes-Physician Services		99232			7	18	$1,139	$163	$63	3
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			10	298	$2,301	$230	$8	30

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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	1	7	$41	$41	$6	7
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			1	1	$109	$109	$109	1
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	1	1	$91	$91	$91	1
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	6	54	$20,177	$3,363	$374	9
Substance Abuse: Residential	1002	H0018		Days	1	12	$1,659	$1,659	$138	12
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	25	25	$3,755	$150	$150	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	235	3,997	$680,338	$2,895	$170	17
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	6	252	$29,356	$4,893	$116	42
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	58	15,920	$893,191	$15,400	$56	274
Respite		H0045		Per Diem	6	34	$4,310	$718	$127	6
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	155	402	$60,924	$393	$152	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	26	94	$22,327	$859	$238	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	258	884,396	$3,214,981	$12,461	$4	3,428
Community Living Supports (15 Minutes)		H2015		15 Minutes	47	372,673	$843,459	$17,946	$2	7,929
Community Living Supports (Daily)		H2016		Per Diem	41	10,182	$311,467	$7,597	$31	248
Community Living Supports (Daily)		H2016	*TF*	Per Diem	32	7,085	$446,355	$13,949	$63	221
Community Living Supports (Daily)		H2016	*TG*	Per Diem	147	42,690	$5,325,515	$36,228	$125	290
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	53	103,001	$332,288	$6,270	$3	1,943
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	23	43,919	$36,227	$1,575	$1	1,910
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	2	5	$178	$89	$36	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	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	34	$1,592	$265	$47	6
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	4	21	$4,888	$1,222	$233	5
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$208	$208	$208	1
Occupational or Physical Therapy		S8990		Encounter	1	133	$5,123	$5,123	$39	133
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	2	$1,447	$724	$724	1
Health Services		S9446		Encounter	33	161	$110,008	$3,334	$683	5
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	7	86	$424	$61	$5	12
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	75	79	$9,160	$122	$116	1
Health Services		T1002		Up to 15 min	330	1,073	$46,500	$141	$43	3
Respite Care		T1005		15 Minutes	52	41,973	$145,273	$2,794	$3	807
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	719	15,700	$1,521,023	$2,115	$97	22
Targeted Case Management		T1017		15 minutes	2	165	$43,303	$21,652	$262	83
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	3	78	$4,873	$1,624	$62	26
Personal Care in Licensed Specialized Residential Setting		T1020		Days	75	20,527	$405,819	$5,411	$20	274
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	103	27,718	$819,344	$7,955	$30	269
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	67	17,366	$1,256,234	$18,750	$72	259
Assessments		T1023		Encounter	43	63	$36,402	$847	$578	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	7	347	$8,017	$1,145	$23	50
Targeted Case Management (Children's Waiver)		T2023		Month	12	110	$7,228	$602	$66	9
Fiscal Intermediary Services		T2025		Month	18	146	$17,872	$993	$122	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	4	4	$424	$106	$106	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	4	4	$1,740	$435	$435	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	26	26	$5,537	$213	$213	1
Housing Assistance		T2038		Month	5	12	$628	$126	$52	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**760**		**$17,878,928**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	2	38	$25,435	$12,718	$669	19
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	2	$109	$109	$55	2
Assessment-Psychiatric Assessment		90801		Encounter	13	13	$7,488	$576	$576	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	8	10	$651	$81	$65	1
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	0	0	$0	$0	$0	0
Substance Abuse. Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	45	433	$43,465	$966	$100	10
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	0	0	$0	$0	$0	0
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	5	9	$1,441	$288	$160	2
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	10	45	$7,415	$742	$165	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	8	50	$9,162	$1,145	$183	6

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	144	564	$129,159	$897	$229	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	11	12	$2,400	$218	$200	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	46	57	$18,703	$407	$328	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	42	45	$26,903	$641	$598	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	265	$4,960	$4,960	$19	265
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	7	491	$13,411	$1,916	$27	70
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	2	26	$2,114	$1,057	$81	13
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	24	52	$120,248	$5,010	$2,312	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	38	40	$11,368	$299	$284	1
Substance Abuse: Assessment		H0031		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
Treatment Planning		H0032		Encounter	120	599	$126,400	$1,053	$211	5
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	17	257	$28,248	$1,662	$110	15
Home Based Services		H0036		15 Minutes	5	632	$43,383	$8,677	$69	126
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	85	$5,353	$2,677	$63	43
Community Living Supports in Independent living/own home		H0043		Per diem	23	6,976	$802,421	$34,888	$115	303
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	138	170	$6,894	$50	$41	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	3	12	$552	$184	$46	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	169	409,989	$3,723,794	$22,034	$9	2,426
Community Living Supports (15 Minutes)		H2015		15 Minutes	128	119,234	$1,006,170	$7,861	$8	932
Community Living Supports (Daily)		H2016		Per Diem	16	4,231	$126,994	$7,937	$30	264
Community Living Supports (Daily)		H2016	*TF*	Per Diem	12	3,556	$212,720	$17,727	$60	296
Community Living Supports (Daily)		H2016	*TG*	Per Diem	66	22,762	$2,823,581	$42,782	$124	345
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	13	1,530	$57,761	$4,443	$38	118
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4	6,734	$32,218	$8,055	$5	1,684
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	2	2	$2,842	$1,421	$1,421	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	59	62	$6,330	$107	$102	1
Health Services		T1002		Up to 15 min	181	877	$80,005	$442	$91	5
Respite Care		T1005		15 Minutes	62	47,681	$120,288	$1,940	$3	769
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	292	6,504	$777,331	$2,662	$120	22
Targeted Case Management		T1017		15 minutes	2	8	$565	$283	$71	4
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	3	22	$1,057	$352	$48	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	48	13,564	$254,362	$5,299	$19	283
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	25	8,262	$410,988	$16,440	$50	330
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	27	8,760	$690,075	$25,558	$79	324
Assessments		T1023		Encounter	4	4	$2,029	$507	$507	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	9	10	$1,567	$174	$157	1
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
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
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**282**		**$11,768,360**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	6	$4,739	$4,739	$790	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	5	32	$21,979	$4,396	$687	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	15	$1,010	$1,010	$67	15
Assessment-Psychiatric Assessment		90801		Encounter	12	14	$3,065	$255	$219	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	3	4	$347	$116	$87	1
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	3	8	$801	$267	$100	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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	14	$2,630	$1,315	$188	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	1	$99	$99	$99	1

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	64	189	$13,130	$205	$69	3
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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	2	3	$695	$347	$232	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$1,094	$365	$365	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			1	2	$75	$75	$38	2
Additional Codes-Physician Services		99222			1	1	$38	$38	$38	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			3	12	$451	$150	$38	4
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	14	15	$3,810	$272	$254	1
Substance Abuse: Assessment		H0031		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
Treatment Planning		H0032		Encounter	16	33	$7,947	$497	$241	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	4	5	$244	$61	$49	1
Home Based Services		H0036		15 Minutes	7	1,088	$65,871	$9,410	$61	155
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	5	779	$6,294	$1,259	$8	156
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	27	$3,015	$3,015	$112	27
Community Living Supports in Independent living/own home		H0043		Per diem	41	6,494	$853,856	$20,826	$131	158
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	24	70	$3,246	$135	$46	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	13	38	$5,724	$440	$151	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	125	355,768	$1,237,630	$9,901	$3	2,846
Community Living Supports (15 Minutes)		H2015		15 Minutes	69	848,844	$1,933,550	$28,022	$2	12,302
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	*TF*	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	*TG*	Per Diem	23	7,331	$980,224	$42,618	$134	319
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	52	31,993	$258,480	$4,971	$8	615
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	4	4	$140	$35	$35	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	3	10	$1,800	$600	$180	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2	12	$2,160	$1,080	$180	6
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	3	$1,026	$1,026	$342	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	4	8	$742	$185	$93	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	3	7,665	$243,244	$81,081	$32	2,555
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	12	42	$1,898	$158	$45	4
Respite Care		T1005		15 Minutes	8	7,937	$31,344	$3,918	$4	992
Respite Care		T1005	*TD*	15 Minutes	1	2,384	$19,048	$19,048	$8	2,384
Respite Care		T1005	*TE*	15 Minutes	1	7,795	$52,928	$52,928	$7	7,795
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	178	4,347	$385,997	$2,169	$89	24
Targeted Case Management		T1017		15 minutes	36	1,122	$102,787	$2,855	$92	31
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	23	7,331	$58,894	$2,561	$8	319
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	8	21	$15,813	$1,977	$753	3
Enhanced Medical Supplies or Pharmacy		T1999		Items	28	217	$5,295	$189	$24	8
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	62	6,579	$62,012	$1,000	$9	106
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	2	507	$6,827	$3,413	$13	254
Targeted Case Management (Children's Waiver)		T2023		Month	5	33	$23,100	$4,620	$700	7
Fiscal Intermediary Services		T2025		Month	10	62	$9,582	$958	$155	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**234**		**$6,434,679**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	5	$1,913	$1,913	$383	5
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	4	1,299	$275,375	$68,844	$212	325
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	3	66	$33,440	$11,147	$507	22
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	8	87	$51,572	$6,446	$593	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	3	13	$3,659	$1,220	$281	4
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	260	314	$48,710	$187	$155	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	158	1,693	$203,315	$1,287	$120	11
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Therapy-Individual Therapy		90806		Encounter 45-50 Min	116	1,018	$121,343	$1,046	$119	9
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	0	0	$0	$0	$0	0
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	8	86	$17,258	$2,157	$201	11
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	6	19	$2,623	$437	$138	3
Therapy-Family Therapy		90847		Encounter	29	157	$21,517	$742	$137	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	57	919	$59,680	$1,047	$65	16

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	376	1,909	$172,374	$458	$90	5
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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	1	$964	$964	$964	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	21	56	$11,812	$562	$211	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	214	226	$149,831	$700	$663	1
Occupational Therapy		97004		Encounter	1	1	$396	$396	$396	1
Occupational or Physical Therapy		97110		15 Minutes	46	623	$50,095	$1,089	$80	14
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	2	280	$2,341	$1,170	$8	140
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	9	116	$18,354	$2,039	$158	13
Occupational or Physical Therapy		97530		15 Minutes	41	358	$26,675	$651	$75	9
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	40	252	$22,012	$550	$87	6
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	4	31	$2,226	$557	$72	8
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	27	29	$47,282	$1,751	$1,630	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	4	77	$11,281	$2,820	$147	19
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	7	$919	$919	$131	7
Assessment		H0031		Encounter	169	176	$55,397	$328	$315	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	374	1,106	$303,663	$812	$275	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	14	99	$4,148	$296	$42	7
Home Based Services		H0036		15 Minutes	33	11,458	$277,169	$8,399	$24	347
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	31	$1,448	$1,448	$47	31
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	12	2,813	$327,011	$27,251	$116	234
Respite		H0045		Per Diem	14	446	$36,670	$2,619	$82	32
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	26	29	$2,644	$102	$91	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	15	93	$5,906	$394	$64	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	353	836,174	$2,230,660	$6,319	$3	2,369
Community Living Supports (15 Minutes)		H2015		15 Minutes	426	1,094,631	$4,464,810	$10,481	$4	2,570
Community Living Supports (Daily)		H2016		Per Diem	53	15,594	$235,781	$4,449	$15	294
Community Living Supports (Daily)		H2016	*TF*	Per Diem	4	674	$34,927	$8,732	$52	169
Community Living Supports (Daily)		H2016	*TG*	Per Diem	166	54,057	$7,348,509	$44,268	$136	326
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	37	48,762	$149,699	$4,046	$3	1,318
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	29	38,969	$153,538	$5,294	$4	1,344
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	142	713	$84,269	$593	$118	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	36	14,909	$22,364	$621	$2	414
Respite		S5151		Per Diem	1	2	$100	$100	$50	2
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$900	$900	$900	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	27	185	$13,969	$517	$76	7
Health Services		S9446		Encounter	3	9	$911	$304	$101	3
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	59	62	$38,385	$651	$619	1
Health Services		T1002		Up to 15 min	96	1,599	$189,865	$1,978	$119	17
Respite Care		T1005		15 Minutes	93	68,399	$359,527	$3,866	$5	735
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	941	33,048	$2,869,549	$3,049	$87	35
Targeted Case Management		T1017		15 minutes	5	109	$8,616	$1,723	$79	22
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	12	214	$10,522	$877	$49	18
Personal Care in Licensed Specialized Residential Setting		T1020		Days	143	44,063	$5,786,864	$40,468	$131	308
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	53	16,225	$1,009,682	$19,051	$62	306
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	31	10,037	$1,056,394	$34,077	$105	324
Assessments		T1023		Encounter	2	2	$1,430	$715	$715	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	11	94	$2,090	$190	$22	9
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	9	189	$66,260	$7,362	$351	21
Fiscal Intermediary Services		T2025		Month	14	165	$11,984	$856	$73	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	9	9	$2,499	$278	$278	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	31	229	$16,101	$519	$70	7
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$250	$250	$250	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			3	0	$0	$0	$0	0
Total Population and Cost					**997**		**$28,541,479**			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	605	$125,900	$62,950	$208	303
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	8	$4,127	$2,063	$516	4
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	3	3	$126	$42	$42	1
Assessment-Psychiatric Assessment		90801		Encounter	31	32	$7,953	$257	$249	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
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	15	20	$3,408	$227	$170	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	9	77	$8,141	$905	$106	9
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	0	0	$0	$0	$0	0
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	4	4	$676	$169	$169	1
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	3	$310	$103	$103	1
Therapy-Family Therapy		90847		Encounter	5	18	$1,854	$371	$103	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	93	331	$28,201	$303	$85	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	12	16	$3,363	$280	$210	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	6	6	$928	$155	$155	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	6	6	$789	$131	$131	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	6	6	$1,114	$186	$186	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	25	$3,419	$1,709	$137	13
Assessment		H0031		Encounter	37	41	$9,471	$256	$231	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	4	4	$425	$106	$106	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	7	1,011	$30,836	$4,405	$31	144
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	34	$1,667	$1,667	$49	34
Community Living Supports in Independent living/own home		H0043		Per diem	9	2,844	$152,282	$16,920	$54	316
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	22	81	$16,921	$769	$209	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	4	31	$2,177	$544	$70	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	54	161,474	$477,313	$8,839	$3	2,990
Community Living Supports (15 Minutes)		H2015		15 Minutes	116	259,733	$787,044	$6,785	$3	2,239
Community Living Supports (Daily)		H2016		Per Diem	1	365	$56,060	$56,060	$154	365
Community Living Supports (Daily)		H2016	*TF*	Per Diem	32	11,450	$1,588,842	$49,651	$139	358
Community Living Supports (Daily)		H2016	*TG*	Per Diem	11	2,874	$455,788	$41,435	$159	261
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	8	887	$6,559	$820	$7	111
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3	9,393	$31,748	$10,583	$3	3,131
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	1	$43	$43	$43	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	2	26	$3,878	$1,939	$149	13
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	4	751	$9,320	$2,330	$12	188
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	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	8	$423	$423	$53	8
Respite Care		T1005		15 Minutes	22	21,016	$103,185	$4,690	$5	955
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	142	4,818	$250,388	$1,763	$52	34
Targeted Case Management		T1017		15 minutes	86	1,705	$87,842	$1,021	$52	20
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	2	11	$592	$296	$54	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	124	$715	$715	$6	124
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	13	4,370	$141,203	$10,862	$32	336
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	29	10,195	$413,101	$14,245	$41	352
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
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
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	20	100	$4,473	$224	$45	5
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	2	10	$445	$223	$45	5
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**220**		**$4,823,048**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	365	$143,080	$143,080	$392	365
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	365	$66,065	$66,065	$181	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	55	$28,541	$14,271	$519	28
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	38	41	$10,532	$277	$257	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	7	31	$2,208	$315	$71	4
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	26	101	$17,349	$667	$172	4
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	5	16	$2,854	$571	$178	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	23	$2,540	$1,270	$110	12

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	165	459	$57,177	$347	$125	3
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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	1	2	$612	$612	$306	2
Psychological Testing by Comp		96103		Per Hour	4	7	$2,293	$573	$328	2
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	22	29	$3,563	$162	$123	1
Occupational Therapy		97004		Encounter	26	50	$3,300	$127	$66	2
Occupational or Physical Therapy		97110		15 Minutes	3	22	$275	$92	$13	7
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	4	$50	$50	$13	4
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	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	2	$25	$25	$13	2
Occupational or Physical Therapy		97535		15 Minutes	3	24	$333	$111	$14	8
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	9	52	$700	$78	$13	6
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97760		15 Minutes	3	14	$175	$58	$13	5
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	5	19	$285	$57	$15	4
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	17	172	$14,618	$860	$85	10
Additional Codes-Physician Services		99212		Encounter	9	9	$459	$51	$51	1
Additional Codes-Physician Services		99213		Encounter	94	161	$9,573	$102	$59	2
Additional Codes-Physician Services		99214		Encounter	1	1	$93	$93	$93	1
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			3	4	$781	$260	$195	1
Additional Codes-Physician Services		99222			3	3	$917	$306	$306	1
Additional Codes-Physician Services		99223			1	1	$425	$425	$425	1
Additional Codes-Physician Services		99231			6	74	$6,914	$1,152	$93	12
Additional Codes-Physician Services		99232			7	27	$3,784	$541	$140	4
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	5	8	$1,223	$245	$153	2
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	1	1	$263	$263	$263	1
Additional Codes-Physician Services		99253		Encounter	2	2	$680	$340	$340	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	4	5	$3,136	$784	$627	1
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	2	5	$3,683	$1,841	$737	3
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Assessment		H0031		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
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	4	254	$10,094	$2,523	$40	64
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$373,859	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	9	125	$12,741	$1,416	$102	14
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	185	200,948	$1,259,860	$6,810	$6	1,086
Community Living Supports (15 Minutes)		H2015		15 Minutes	144	429,641	$1,955,576	$13,580	$5	2,984
Community Living Supports (Daily)		H2016		Per Diem	12	3,468	$91,949	$7,662	$27	289
Community Living Supports (Daily)		H2016	*TF*	Per Diem	22	5,823	$291,188	$13,236	$50	265
Community Living Supports (Daily)		H2016	*TG*	Per Diem	59	18,896	$2,162,183	$36,647	$114	320
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	2	21	$892	$446	$42	11
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	69	60,179	$777,353	$11,266	$13	872
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	12	$396	$396	$33	12
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	3	8	$796	$265	$99	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	2	3,847	$30,606	$15,303	$8	1,924
Respite Care		T1005		15 Minutes	75	167,133	$221,029	$2,947	$1	2,228
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	340	10,720	$1,395,777	$4,105	$130	32
Targeted Case Management		T1017		15 minutes	37	742	$71,883	$1,943	$97	20
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	9	92	$8,596	$955	$93	10
Personal Care in Licensed Specialized Residential Setting		T1020		Days	46	15,330	$265,783	$5,778	$17	333
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	26	6,900	$343,253	$13,202	$50	265
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	21	5,957	$475,267	$22,632	$80	284
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	14	120	$9,656	$690	$80	9
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	5	39	$3,847	$769	$99	8
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			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
Fiscal Intermediary Services		T2025		Month	2	17	$8,199	$4,099	$482	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	9	12	$2,289	$254	$191	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**412**		**$10,161,572**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	365	$74,838	$74,838	$205	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	7	37	$3,569	$510	$96	5
Assessment-Psychiatric Assessment		90801		Encounter	28	28	$5,585	$199	$199	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	5	73	$8,683	$1,737	$119	15
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	0	0	$0	$0	$0	0
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	1	1	$216	$216	$216	1
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	3	$397	$397	$132	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	8	34	$1,245	$156	$37	4

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	108	428	$26,732	$248	$62	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	12	49	$4,047	$337	$83	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	21	22	$4,033	$192	$183	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	104	107	$6,260	$60	$59	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	37	501	$18,980	$513	$38	14
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	139	1,277	$41,733	$300	$33	9
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	48	104	$1,986	$41	$19	2
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	23	23	$827	$36	$36	1
Additional Codes-Physician Services		99214		Encounter	26	26	$1,424	$55	$55	1
Additional Codes-Physician Services		99215		Encounter	5	5	$683	$137	$137	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			1	1	$85	$85	$85	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	2	$7	$7	$4	2
Additional Codes-Physician Services		99232			1	2	$0	$0	$0	2
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	9	5,683	$2,026	$225	$0	631
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

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	2	26	$6,472	$3,236	$249	13
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	61	63	$9,536	$156	$151	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	113	274	$54,680	$484	$200	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	284	$9,638	$9,638	$34	284
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	14	4,334	$712,685	$50,906	$164	310
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	64	210	$11,050	$173	$53	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	8	69	$3,928	$491	$57	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	143	451,514	$2,298,424	$16,073	$5	3,157
Community Living Supports (15 Minutes)		H2015		15 Minutes	10	178,374	$433,716	$43,372	$2	17,837
Community Living Supports (Daily)		H2016		Per Diem	19	5,961	$82,772	$4,356	$14	314
Community Living Supports (Daily)		H2016	*TF*	Per Diem	26	6,025	$335,317	$12,897	$56	232
Community Living Supports (Daily)		H2016	*TG*	Per Diem	49	12,908	$1,350,103	$27,553	$105	263
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	2	9	$104	$52	$12	5
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	14	$4,790	$4,790	$342	14
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	2	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	1	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	50	51	$11,686	$234	$229	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	76	80	$7,836	$103	$98	1
Health Services		T1002		Up to 15 min	92	1,825	$60,902	$662	$33	20
Respite Care		T1005		15 Minutes	21	12,328	$28,730	$1,368	$2	587
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	207	6,688	$537,156	$2,595	$80	32
Targeted Case Management		T1017		15 minutes	7	141	$6,154	$879	$44	20
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	4	$177	$177	$44	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	52	13,686	$185,830	$3,574	$14	263
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	40	10,033	$535,060	$13,377	$53	251
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	10	817	$63,285	$6,328	$77	82
Assessments		T1023		Encounter	4	5	$1,310	$328	$262	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	47	212	$6,129	$130	$29	5
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	12	$6,495	$6,495	$541	12
Fiscal Intermediary Services		T2025		Month	17	34	$364	$21	$11	2
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$3,361	$3,361	$3,361	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					1	0	$9	$9	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**222**		**$6,971,052**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	130	$27,568	$27,568	$212	130
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	18	18	$4,500	$250	$250	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	24	102	$6,120	$255	$60	4
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	18	49	$5,880	$327	$120	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	0	0	$0	$0	$0	0
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	4	15	$2,700	$675	$180	4
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$120	$120	$120	1
Therapy-Family Therapy		90847		Encounter	4	15	$1,800	$450	$120	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	16	131	$6,288	$393	$48	8

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	101	384	$24,000	$238	$63	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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	5	20	$2,400	$480	$120	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	64	75	$5,625	$88	$75	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	47	481	$12,025	$256	$25	10
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	9	9	$810	$90	$90	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	17	$4,200	$4,200	$247	17
Assessment		H0031		Encounter	27	29	$4,220	$156	$146	1
Substance Abuse: Assessment		H0031		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
Treatment Planning		H0032		Encounter	64	91	$10,920	$171	$120	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	6	1,330	$115,828	$19,305	$87	222
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	91	119	$20,010	$220	$168	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	13	42	$1,050	$81	$25	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	69	102,290	$818,320	$11,860	$8	1,482
Community Living Supports (15 Minutes)		H2015		15 Minutes	115	134,466	$1,075,728	$9,354	$8	1,169
Community Living Supports (Daily)		H2016		Per Diem	17	2,852	$79,004	$4,647	$28	168
Community Living Supports (Daily)		H2016	*TF*	Per Diem	17	4,779	$243,326	$14,313	$51	281
Community Living Supports (Daily)		H2016	*TG*	Per Diem	27	8,018	$1,046,529	$38,760	$131	297
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	2	117	$8,775	$4,388	$75	59
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	67	30,474	$243,792	$3,639	$8	455
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	3,547	$28,376	$14,188	$8	1,774
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	3	3	$540	$180	$180	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	1	1	$342	$342	$342	1
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	82	90	$6,750	$82	$75	1
Health Services		T1002		Up to 15 min	73	414	$10,350	$142	$25	6
Respite Care		T1005		15 Minutes	25	20,913	$108,267	$4,331	$5	837
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	183	3,518	$263,850	$1,442	$75	19
Targeted Case Management		T1017		15 minutes	51	1,003	$75,225	$1,475	$75	20
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	14	93	$6,975	$498	$75	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	31	9,035	$126,611	$4,084	$14	291
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	17	4,311	$219,341	$12,902	$51	254
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	6	1,925	$201,452	$33,575	$105	321
Assessments		T1023		Encounter	3	3	$540	$180	$180	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	3	29	$9,756	$3,252	$336	10
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**250**		**$4,829,913**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	7	2,180	$451,522	$64,503	$207	311
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	6	42	$30,007	$5,001	$714	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	4	18	$1,361	$340	$76	5
Assessment-Psychiatric Assessment		90801		Encounter	107	129	$117,626	$1,099	$912	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$329	$329	$329	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	36	192	$19,632	$545	$102	5
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	58	539	$99,521	$1,716	$185	9
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	0	0	$0	$0	$0	0
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	7	35	$9,171	$1,310	$262	5
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	0	0	$0	$0	$0	0
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	1	1	$93	$93	$93	1
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	11	83	$20,669	$1,879	$249	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	35	425	$172,716	$4,935	$406	12

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	218	859	$78,856	$362	$92	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	14	$497	$497	$36	14
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
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	10	14	$2,697	$270	$193	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	12	13	$13,485	$1,124	$1,037	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	32	36	$36,043	$1,126	$1,001	1
Occupational Therapy		97004		Encounter	75	250	$284,960	$3,799	$1,140	3
Occupational or Physical Therapy		97110		15 Minutes	3	148	$2,358	$786	$16	49
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	5	644	$8,179	$1,636	$13	129
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	3	136	$2,283	$761	$17	45
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	16	71	$12,851	$803	$181	4
Assessment or Health Services		97803		15 Minutes	85	586	$25,134	$296	$43	7
Health Services		97804		30 Minutes	21	89	$3,817	$182	$43	4
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	5	33	$8,037	$1,607	$244	7
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	1	1	$3,300	$3,300	$3,300	1
Activity Therapy (Children's Waiver)		G0176		Encounter	9	325	$21,626	$2,403	$67	36
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	3	21	$3,150	$1,050	$150	7
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Assessment		H0031		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
Treatment Planning		H0032		Encounter	219	486	$270,216	$1,234	$556	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	91	$3,940	$3,940	$43	91
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA	-		0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	101	294	$177,670	$1,759	$604	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	66	594	$10,389	$157	$17	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	81	201,573	$735,741	$9,083	$4	2,489
Community Living Supports (15 Minutes)		H2015		15 Minutes	181	1,469,791	$6,261,310	$34,593	$4	8,120
Community Living Supports (Daily)		H2016		Per Diem	39	11,134	$153,093	$3,925	$14	285
Community Living Supports (Daily)		H2016	TF	Per Diem	30	6,887	$334,020	$11,134	$49	230
Community Living Supports (Daily)		H2016	TG	Per Diem	56	15,788	$1,625,690	$29,030	$103	282
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	148	148,600	$1,283,904	$8,675	$9	1,004
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	11	8,483	$63,029	$5,730	$7	771
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	12	44	$9,493	$791	$216	4
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	14	116	$39,688	$2,835	$342	8
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	1	9,980	$98,602	$98,602	$10	9,980
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	55	58	$9,024	$164	$156	1
Health Services		T1002		Up to 15 min	217	3,019	$280,767	$1,294	$93	14
Respite Care		T1005		15 Minutes	116	228,269	$479,365	$4,132	$2	1,968
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	643	16,573	$1,723,592	$2,681	$104	26
Targeted Case Management		T1017		15 minutes	10	105	$4,408	$441	$42	11
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	1	$42	$42	$42	1
Personal Care in Licensed Specialized Residential Setting		T1020		Days	28	8,222	$168,222	$6,008	$20	294
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	29	7,001	$397,447	$13,705	$57	241
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	58	16,914	$2,159,241	$37,228	$128	292
Assessments		T1023		Encounter	28	36	$14,176	$506	$394	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	87	79,126	$3,139,720	$36,089	$40	909
Targeted Case Management (Children's Waiver)		T2023		Month	29	229	$31,822	$1,097	$139	8
Fiscal Intermediary Services		T2025		Month	34	312	$31,721	$933	$102	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	21	145	$46,428	$2,211	$320	7
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$6,210	$6,210	$6,210	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**736**		**$20,988,889**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	3	572	$163,992	$54,664	$287	191
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	15	$9,728	$4,864	$649	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	10	$1,594	$1,594	$159	10
Assessment-Psychiatric Assessment		90801		Encounter	17	17	$7,400	$435	$435	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	3	$217	$217	$72	3
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	15	124	$17,909	$1,194	$144	8
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	0	0	$0	$0	$0	0
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	2	2	$433	$217	$217	1
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	3	$622	$622	$207	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	4	66	$8,401	$2,100	$127	17

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	83	345	$49,997	$602	$145	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	3	10	$1,654	$551	$165	3
Speech & Language Therapy		92506		Encounter	6	8	$1,166	$194	$146	1
Speech & Language Therapy		92507		Encounter	7	29	$1,744	$249	$60	4
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
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	5	17	$2,808	$562	$165	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	8	9	$1,160	$145	$129	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	36	39	$11,216	$312	$288	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	4	32	$1,135	$284	$35	8
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	45	371	$17,719	$394	$48	8
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	26	34	$1,336	$51	$39	1
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$462	$462	$462	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	44	126	$36,018	$819	$286	3
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0

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Treatment Planning		H0032		Encounter	28	28	$4,486	$160	$160	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
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	31	68	$4,470	$144	$66	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	13	74	$4,012	$309	$54	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	105	36,658	$314,526	$2,995	$9	349
Community Living Supports (15 Minutes)		H2015		15 Minutes	136	204,337	$1,336,364	$9,826	$7	1,502
Community Living Supports (Daily)		H2016		Per Diem	5	269	$9,552	$1,910	$36	54
Community Living Supports (Daily)		H2016	*TF*	Per Diem	4	583	$37,673	$9,418	$65	146
Community Living Supports (Daily)		H2016	*TG*	Per Diem	46	15,184	$1,766,051	$38,392	$116	330
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	133	$12,920	$12,920	$97	133
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	58	11,269	$96,688	$1,667	$9	194
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	19	54	$10,108	$532	$187	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	44	57,987	$102,057	$2,319	$2	1,318
Respite		S5151		Per Diem	2	14	$3,118	$1,559	$223	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$75	$75	$75	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0

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Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	35	90	$4,214	$120	$47	3
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
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	40	41	$6,535	$163	$159	1
Health Services		T1002		Up to 15 min	53	1,375	$219,175	$4,135	$159	26
Respite Care		T1005		15 Minutes	4	12,997	$56,667	$14,167	$4	3,249
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	84	7,168	$238,121	$2,835	$33	85
Targeted Case Management		T1017		15 minutes	181	11,536	$594,335	$3,284	$52	64
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	13	2,760	$102,258	$7,866	$37	212
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	20	5,393	$392,125	$19,606	$73	270
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	26	8,601	$913,254	$35,125	$106	331
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	92	19,845	$119,070	$1,294	$6	216
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			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	3	29	$8,330	$2,777	$287	10
Fiscal Intermediary Services		T2025		Month	9	93	$8,564	$952	$92	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					1	0	$1,074	$1,074	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**235**		**$6,702,535**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	22	$8,096	$8,096	$368	22
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	730	$148,002	$74,001	$203	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	3	47	$25,063	$8,354	$533	16
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	7	$452	$452	$65	7
Assessment-Psychiatric Assessment		90801		Encounter	18	19	$2,986	$166	$157	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	2	2	$129	$65	$65	1
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	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Therapy-Individual Therapy		90806		Encounter 45-50 Min	5	17	$3,213	$643	$189	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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
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	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	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	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	75	274	$22,210	$296	$81	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	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	5	5	$1,016	$203	$203	1
Speech & Language Therapy		92507		Encounter	1	1	$189	$189	$189	1
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
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	8	30	$5,280	$660	$176	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	4	5	$1,226	$307	$245	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
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
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	6	7	$1,323	$221	$189	1
Occupational Therapy		97004		Encounter	10	17	$3,149	$315	$185	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
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	1	4	$129	$129	$32	4
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	3	45	$1,451	$484	$32	15
Occupational or Physical Therapy		97535		15 Minutes	2	13	$419	$210	$32	7
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0

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Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	1	$193	$193	$193	1
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0

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Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	11	11	$2,079	$189	$189	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	19	20	$3,789	$199	$189	1
Substance Abuse: Assessment		H0031		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
Treatment Planning		H0032		Encounter	32	48	$8,858	$277	$185	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	44	56	$1,806	$41	$32	1
Home Based Services		H0036		15 Minutes	1	113	$4,774	$4,774	$42	113
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	12	4,344	$22,373	$1,864	$5	362
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	1	163	$9,075	$9,075	$56	163
Respite		H0045		Per Diem	8	837	$137,192	$17,149	$164	105
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	8	16	$3,904	$488	$244	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	6	25	$1,555	$259	$62	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	63	55,641	$405,242	$6,432	$7	883
Community Living Supports (15 Minutes)		H2015		15 Minutes	99	254,220	$1,492,922	$15,080	$6	2,568
Community Living Supports (Daily)		H2016		Per Diem	1	88	$14,115	$14,115	$160	88
Community Living Supports (Daily)		H2016	*TF*	Per Diem	3	1,095	$70,394	$23,465	$64	365
Community Living Supports (Daily)		H2016	*TG*	Per Diem	24	8,770	$974,382	$40,599	$111	365
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	22	1,133	$39,048	$1,775	$34	52
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	12	21,883	$103,984	$8,665	$5	1,824
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	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	9	54	$6,966	$774	$129	6
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	4	65	$8,385	$2,096	$129	16
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	10	$3,360	$3,360	$336	10
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	3	$1,025	$1,025	$342	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	5	12	$2,278	$456	$190	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	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
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	1	72	$3,218	$3,218	$45	72
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	5	6	$832	$166	$139	1
Health Services		T1002		Up to 15 min	2	4	$267	$134	$67	2
Respite Care		T1005		15 Minutes	28	32,107	$124,406	$4,443	$4	1,147
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$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	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	23	818	$46,366	$2,016	$57	36
Targeted Case Management		T1017		15 minutes	147	3,785	$244,140	$1,661	$65	26
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	9	3,157	$110,811	$12,312	$35	351
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	13	4,663	$284,344	$21,873	$61	359
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	4	1,440	$139,154	$34,789	$97	360
Assessments		T1023		Encounter	5	5	$842	$168	$168	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	2	$162	$81	$81	1
Transportation		T2001			1	1	$350	$350	$350	1
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	1	112	$2,126	$2,126	$19	112
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	1	4	$125	$125	$31	4
Targeted Case Management (Children's Waiver)		T2023		Month	4	41	$9,869	$2,467	$241	10
Fiscal Intermediary Services		T2025		Month	2	5	$625	$313	$125	3
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	$63	$63	$63	1
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	$44	$22	$22	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	1	1	$550	$550	$550	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$149	$149	$0	0
Total Population and Cost					**182**		**$4,510,475**			