SECTION 404 (2) (c) Part 1
TOTAL CMHSP COSTS BY SERVICE CATEGORY
FY 2006

Statewide Summary

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2006 MDCH/CMHSP contract. Cost data were collected for the reporting period October 1, 2005 to September 30, 2006 and submitted to MDCH by January 31, 2007. The data in this section represent the total statewide CMHSP costs for each of the three consumer populations (Adults with Mental Illness, Children with Mental Illness, and Persons with Developmental Disability) by service category. All Department approved services are included.

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

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1,064	169,996	$81,439,009	$76,540	$479	160
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	26	1,394	$555,703	$21,373	$399	54
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3,873	54,635	$24,021,995	$6,202	$440	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13,731	130,142	$83,741,470	$6,099	$643	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				133	271	$40,650	$306	$150	2
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	3,730	5,562	$1,414,787	$379	$254	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	4	4	$24	$6	$6	1
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	7	8	$2,000	$286	$250	1
Additional Codes-ECT Facility Charge	0901			Encounter	63	632	$298,186	$4,733	$472	10
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	1,440	11,171	$2,728,985	$1,895	$244	8
Outpatient Partial Hospitalization	0913			Days	30	257	$79,981	$2,666	$311	9
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	7	785	$6,125	$875	$8	112
Medication Administration		90772		Encounter	3,359	31,643	$1,949,224	$580	$62	9
Medication Administration		90782		Encounter	3,767	13,004	$694,128	$184	$53	3

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		90788		Encounter	1	1	$40	$40	$40	1
Assessment-Psychiatric Assessment		90801		Encounter	50,006	68,922	$14,506,561	$290	$210	1
Assessment-Psychiatric Assessment		90802		Encounter	77	82	$18,230	$237	$222	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	15,604	62,109	$3,887,000	$249	$63	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1,843	4,415	$603,538	$327	$137	2
Therapy-Individual Therapy		90806		Encounter 45-50 Min	39,496	249,480	$27,576,800	$698	$111	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1,071	3,293	$260,404	$243	$79	3
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3,286	7,013	$1,217,144	$370	$174	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	3	3	$2,140	$713	$713	1
Therapy-Individual Therapy		90810		Encounter 20-30 Min	5	6	$508	$102	$85	1
Therapy-Individual Therapy		90811		Encounter 20-30 Min	15	43	$3,474	$232	$81	3
Therapy-Individual Therapy		90812		Encounter 45-50 Min	50	338	$55,681	$1,114	$165	7
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	9	16	$3,296	$366	$206	2
Therapy-Individual Therapy		90815		Encounter 75-80 Min	3	10	$400	$133	$40	3
Therapy-Individual Therapy		90816		Encounter 20-30 Min	37	155	$17,527	$474	$113	4
Therapy-Individual Therapy		90817		Encounter 20-30 Min	71	530	$33,962	$478	$64	7
Therapy-Individual Therapy		90818		Encounter 45-50 Min	20	41	$6,164	$308	$150	2
Therapy-Individual Therapy		90819		Encounter 45-50 Min	35	64	$12,704	$363	$199	2
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	1	1	$57	$57	$57	1
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	302	893	$58,146	$193	$65	3
Therapy-Family Therapy		90847		Encounter	2,041	7,514	$969,442	$475	$129	4
Therapy-Family Therapy		90849		Encounter	66	130	$13,147	$199	$101	2
Therapy-Family Therapy		90849	HS	Encounter	19	34	$2,542	$134	$75	2
Therapy-Group Therapy		90853		Encounter	9,343	87,516	$5,818,123	$623	$66	9
Therapy-Group Therapy		90857		Encounter	212	1,639	$66,191	$312	$40	8
Medication Review		90862		Encounter	70,125	304,692	$30,012,616	$428	$99	4
Additional Codes-ECT Physician		90870		Encounter	23	184	$51,979	$2,260	$282	8
Assessments-Other		90887		Encounter	1,911	2,954	$90,693	$47	$31	2
Speech & Language Therapy		92506		Encounter	24	28	$5,318	$222	$190	1
Speech & Language Therapy		92507		Encounter	8	90	$11,251	$1,406	$125	11
Speech & Language Therapy		92508		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
Speech & Language Therapy		92526		Encounter	1	1	$69	$69	$69	1
Speech & Language Therapy		92610		Encounter	14	27	$5,586	$399	$207	2
Assessments-Testing		96100		Hour	321	784	$129,956	$405	$166	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			377	1,122	$182,432	$484	$163	3
Psychological Testing by Technician (Children's Waiver)		96102			26	127	$53,451	$2,056	$421	5
Psychological Testing by Comp (Children's Waiver)		96103			0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,797	20,928	$2,599,681	$1,447	$124	12
Assessments-Other		96111		Encounter	25	58	$15,133	$605	$261	2
Assessments-Testing		96115		Hour	26	55	$7,612	$293	$138	2
Neurobehavioral Status Exam (Children's Waiver)		96116			20	82	$12,079	$604	$147	4
Assessments-Testing		96117		Hour	7	15	$1,161	$166	$77	2
Neuropsych test by Psych/Phys (Children's Waiver)		96118			2	10	$600	$300	$60	5
Neuropsych test by Tech (Children's Waiver)		96119			9	9	$1,287	$143	$143	1
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	20	20	$2,710	$135	$135	1
Physical Therapy		97002		Encounter	8	17	$3,420	$428	$201	2
Occupational Therapy		97003		Encounter	436	442	$134,049	$307	$303	1
Occupational Therapy		97004		Encounter	229	279	$51,977	$227	$186	1
Occupational or Physical Therapy		97110		15 Minutes	42	479	$34,221	$815	$71	11
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	1	3	$262	$262	$87	3
Occupational or Physical Therapy		97116		15 Minutes	1	54	$3,884	$3,884	$72	54
Occupational or Physical Therapy		97124		15 Minutes	1	53	$3,989	$3,989	$75	53
Occupational or Physical Therapy		97140		15 Minutes	2	8	$88	$44	$11	4
Occupational or Physical Therapy		97150		Encounter	1,079	9,566	$193,726	$180	$20	9
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	86	683	$28,531	$332	$42	8
Occupational or Physical Therapy		97532		15 Minutes	10	449	$35,426	$3,543	$79	45
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	36	943	$59,292	$1,647	$63	26
Occupational or Physical Therapy		97537		15 Minutes	44	784	$45,928	$1,044	$59	18
Occupational or Physical Therapy		97542		15 Minutes	1	6	$315	$315	$52	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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1,055	3,543	$140,910	$134	$40	3
Assessment or Health Services		97803		15 Minutes	258	1,841	$144,241	$559	$78	7

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	21	22	$863	$41	$39	1
Additional Codes-Physician Services		99202		Encounter	35	35	$2,610	$75	$75	1
Additional Codes-Physician Services		99203		Encounter	18	19	$2,386	$133	$126	1
Additional Codes-Physician Services		99204		Encounter	6	6	$1,060	$177	$177	1
Additional Codes-Physician Services		99205		Encounter	55	55	$23,175	$421	$421	1
Additional Codes-Physician Services		99211		Encounter	699	5,334	$282,957	$405	$53	8
Additional Codes-Physician Services		99212		Encounter	36	41	$1,614	$45	$39	1
Additional Codes-Physician Services		99213		Encounter	1,232	1,821	$206,657	$168	$113	1
Additional Codes-Physician Services		99214		Encounter	346	619	$80,279	$232	$130	2
Additional Codes-Physician Services		99215		Encounter	222	250	$37,772	$170	$151	1
Additional Codes-Physician Services		99221			629	787	$72,669	$116	$92	1
Additional Codes-Physician Services		99222			1,676	1,949	$210,662	$126	$108	1
Additional Codes-Physician Services		99223			438	624	$67,813	$155	$109	1
Additional Codes-Physician Services		99231			1,652	12,149	$594,842	$360	$49	7
Additional Codes-Physician Services		99232			1,712	6,302	$385,940	$225	$61	4
Additional Codes-Physician Services		99233			274	442	$33,102	$121	$75	2
Additional Codes-Physician Services		99238		30 Minutes or less	819	953	$73,034	$89	$77	1
Additional Codes-Physician Services		99241		Encounter	66	88	$4,865	$74	$55	1
Additional Codes-Physician Services		99242		Encounter	53	54	$4,562	$86	$84	1
Additional Codes-Physician Services		99243		Encounter	12	12	$1,243	$104	$104	1
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	2	2	$226	$113	$113	1
Additional Codes-Physician Services		99251		Encounter	54	55	$2,621	$49	$48	1
Additional Codes-Physician Services		99252		Encounter	190	200	$20,931	$110	$105	1
Additional Codes-Physician Services		99253		Encounter	672	773	$97,802	$146	$127	1
Additional Codes-Physician Services		99254		Encounter	147	160	$19,666	$134	$123	1
Additional Codes-Physician Services		99255		Encounter	8	8	$936	$117	$117	1
Additional Codes-Physician Services		99261		Encounter	16	18	$4,309	$269	$239	1
Additional Codes-Physician Services		99262		Encounter	32	41	$7,878	$246	$192	1
Additional Codes-Physician Services		99263		Encounter	37	74	$7,052	$191	$95	2
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	389	2,177	$176,676	$454	$81	6
Transportation		A0080		Per mile	86	8,793	$22,230	$258	$3	102
Transportation		A0090		Per mile	0	0	$0	$0	$0	0

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0100		Per one-way trip	404	830	$9,175	$23	$11	2
Transportation		A0110		Per one-way trip	77	677	$90,175	$1,171	$133	9
Transportation		A0120			61	2,869	$22,133	$363	$8	47
Transportation		A0130			3	144	$3,690	$1,230	$26	48
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	6	349	$775	$129	$2	58
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1,897	51,078	$303,451	$160	$6	27
Additional Codes-Transportation		A0427		Refer to code descriptions.	666	851	$44,581	$67	$52	1
Additional codes - Transportation		A0428			742	935	$132,497	$179	$142	1
General dental services		D0150			195	1,339	$608,145	$3,119	$454	7
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			1	3	$150	$150	$50	3
Resin based comp-one surface, ant		D2330			1	1	$65	$65	$65	1
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			1	1	$165	$165	$165	1
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	$1,433	$1,433	$1,433	1
Family Training/Support EBP only		G0177		Encounter	337	2,095	$301,649	$895	$144	6
Medication administration		G0351			573	2,101	$95,153	$166	$45	4
Assessment		H0002		Encounter	13,009	14,581	$2,939,301	$226	$202	1
Crisis Residential Services		H0018		Days	3,051	32,655	$8,526,900	$2,795	$261	11
Peer Directed and Operated Support Services		H0023		Encounter	635	22,986	$764,501	$1,204	$33	36
Prevention Services - Direct Model		H0025		Face to Face Contact	370	1,827	$155,253	$420	$85	5
Assessment		H0031		Encounter	36,488	53,599	$8,688,099	$238	$162	1
Treatment Planning		H0032		Encounter	28,824	52,831	$6,521,289	$226	$123	2
Health Services		H0034		15 Minutes	5,191	18,959	$932,516	$180	$49	4
Home Based Services		H0036		15 Minutes	954	78,332	$3,774,604	$3,957	$48	82
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0

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Peer Directed and Operated Support Services		H0038		15 minutes	3,551	279,468	$2,588,985	$729	$9	79
Peer Directed and Operated Support Services		NA			2,321	2,315	$3,192,990	$1,376	$1,379	1
Assertive Community Treatment (ACT)		H0039		15 Minutes	6,800	1,189,717	$54,572,858	$8,025	$46	175
Community Living Supports in Independent living/own home		H0043		Per diem	936	67,571	$2,813,614	$3,006	$42	72
Respite		H0045		Per Diem	97	2,995	$683,680	$7,048	$228	31
Behavior Management Review		H2000		Encounter	466	923	$91,520	$196	$99	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	22,291	153,723	$10,069,110	$452	$66	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5,338	4,440,989	$15,003,939	$2,811	$3	832
Community Living Supports (15 Minutes)		H2015		15 Minutes	4,364	7,419,310	$22,628,104	$5,185	$3	1,700
Community Living Supports (Daily)		H2016		Per Diem	3,712	713,426	$41,082,719	$11,068	$58	192
Community Living Supports (Daily)		H2016	TF	Per Diem	1,409	143,643	$8,523,462	$6,049	$59	102
Community Living Supports (Daily)		H2016	TG	Per Diem	2,388	451,649	$59,322,459	$24,842	$131	189
Behavior Services		H2019		15 Minutes	11	287	$6,853	$623	$24	26
Wraparound		H2021		15 Minutes	15	449	$41,655	$2,777	$93	30
Wraparound		H2022		Days	49	233	$66,590	$1,359	$286	5
Supported Employment Services		H2023		15 minutes	2,221	939,956	$7,808,182	$3,516	$8	423
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4,279	5,117,575	$21,348,394	$4,989	$4	1,196
Medication Review		M0064		Encounter Face-to-Face	6,630	18,144	$1,315,305	$198	$72	3
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	56	908	$3,360	$60	$4	16
Family Training		S5110		15 Minutes	55	978	$70,993	$1,291	$73	18
Family Training		S5111		Encounter	600	2,784	$341,131	$569	$123	5
Foster Care		S5140		Days	220	11,258	$1,236,624	$5,621	$110	51
Foster Care		S5145		Days	11	687	$149,592	$13,599	$218	62
Respite		S5150		15 Minutes	32	16,872	$31,832	$995	$2	527
Respite		S5151		Per Diem	2	8	$979	$490	$122	4
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	15	163	$64,719	$4,315	$397	11
Environmental Modification		S5165		Service	1	1	$918	$918	$918	1
Enhanced Medical Equipment-Supplies		S5199		Items	3	3	$1,712	$571	$571	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	9,239	42,641	$2,088,162	$226	$49	5
Health Services		S9446		Encounter	1,101	23,910	$514,950	$468	$22	22
Health Services		S9470		Encounter	400	1,314	$210,444	$526	$160	3
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	4,953	41,651	$2,243,971	$453	$54	8
Reidential Room and Board		S9976		Days	1,509	35,528	$900,432	$597	$25	24
Assessment		T1001		Encounter	11,307	20,151	$1,653,878	$146	$82	2

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		T1002		Up to 15 min	16,086	92,767	$6,554,405	$407	$71	6
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	303	213,620	$849,872	$2,805	$4	705
Family Psycho-Education		T1015		Encounter	134	348	$40,745	$304	$117	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3,486	94,209	$6,912,715	$1,983	$73	27
Targeted Case Management		T1017		15 minutes	48,817	1,694,503	$89,796,855	$1,839	$53	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1,478	25,142	$1,382,060	$935	$55	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4,801	920,227	$29,435,470	$6,131	$32	192
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1,065	129,032	$7,832,331	$7,354	$61	121
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	452	57,187	$5,709,380	$12,631	$100	127
Assessments		T1023		Encounter	16,202	26,017	$5,786,441	$357	$222	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,222	6,478	$375,354	$307	$58	5
Transportation		T2001			3	71	$30	$10	$0	24
Transportation		T2002		Per Diem	228	6,383	$127,349	$559	$20	28
Transportation		T2003		Encounter / Trip	3,145	26,243	$1,000,824	$318	$38	8
Transportation		T2004			30	1,784	$3,070	$102	$2	59
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	2,879	5,938	$2,629,117	$913	$443	2
Fiscal Intermediary Services		T2025		Month	79	888	$80,416	$1,018	$91	11
Enhanced Medical Equipment-Supplies		T2028		Items	10	28	$6,623	$662	$237	3
Enhanced Medical Equipment-Supplies		T2029		Items	3	52	$1,624	$541	$31	17
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	1	1	$190	$190	$190	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	2	9	$1,665	$833	$185	5
Housing Assistance		T2038		Month	1,911	7,626	$3,076,830	$1,610	$403	4
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					1,041	0	$6,000,876	$5,765	$0	0
Other					83	0	$180,709	$2,177	$0	0
Aggregate for 'J' Codes		ALL			2,192	0	$2,573,199	$1,174	$0	0
Total Population and Cost					**145,336**		**$753,565,763**			

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	399	16,479	$5,153,850	$12,917	$313	41
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	2	139	$4,060	$2,030	$29	70
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1,385	12,380	$6,734,297	$4,862	$544	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	912	6,954	$4,348,043	$4,768	$625	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	53	54	$6,750	$127	$125	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	1	1	$6	$6	$6	1
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	524	5,426	$1,247,197	$2,380	$230	10
Outpatient Partial Hospitalization	0913			Days	17	58	$0	$0	$0	3
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	$0	$0	$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		90772		Encounter	13	60	$4,885	$376	$81	5
Medication Administration		90782		Encounter	13	37	$1,061	$82	$29	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	12,437	15,400	$3,881,908	$312	$252	1
Assessment-Psychiatric Assessment		90802		Encounter	649	749	$98,858	$152	$132	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4,483	18,221	$1,159,891	$259	$64	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	418	1,226	$192,958	$462	$157	3
Therapy-Individual Therapy		90806		Encounter 45-50 Min	12,502	71,900	$8,212,777	$657	$114	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	126	325	$47,096	$374	$145	3
Therapy-Individual Therapy		90808		Encounter 75-80 Min	962	2,657	$470,006	$489	$177	3
Therapy-Individual Therapy		90809		Encounter 75-80 Min	4	4	$2,349	$587	$587	1
Therapy-Individual Therapy		90810		Encounter 20-30 Min	80	151	$11,546	$144	$76	2
Therapy-Individual Therapy		90811		Encounter 20-30 Min	196	962	$77,239	$394	$80	5
Therapy-Individual Therapy		90812		Encounter 45-50 Min	308	1,498	$156,092	$507	$104	5
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	170	750	$154,199	$907	$206	4
Therapy-Individual Therapy		90815		Encounter 75-80 Min	111	286	$13,099	$118	$46	3
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	13	$1,285	$1,285	$99	13
Therapy-Individual Therapy		90817		Encounter 20-30 Min	14	181	$11,754	$840	$65	13
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	3	$398	$398	$133	3
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	1	1	$119	$119	$119	1
Therapy-Individual Therapy		90827		Encounter 45-50 Min	3	3	$171	$57	$57	1
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2,297	9,216	$980,088	$427	$106	4
Therapy-Family Therapy		90847		Encounter	8,209	39,889	$5,380,647	$655	$135	5
Therapy-Family Therapy		90849		Encounter	1	1	$62	$62	$62	1
Therapy-Family Therapy		90849	HS	Encounter	6	13	$2,556	$426	$197	2
Therapy-Group Therapy		90853		Encounter	1,793	10,929	$796,835	$444	$73	6
Therapy-Group Therapy		90857		Encounter	272	1,001	$46,769	$172	$47	4
Medication Review		90862		Encounter	10,954	45,653	$4,672,020	$427	$102	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	566	985	$92,027	$163	$93	2

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Speech & Language Therapy		92506		Encounter	6	6	$2,045	$341	$341	1
Speech & Language Therapy		92507		Encounter	10	108	$13,553	$1,355	$125	11
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	144	869	$77,847	$541	$90	6
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			336	2,569	$242,601	$722	$94	8
Psychological Testing by Technician (Children's Waiver)		96102			7	20	$5,913	$845	$296	3
Psychological Testing by Comp (Children's Waiver)		96103			22	27	$5,330	$242	$197	1
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	461	5,770	$670,509	$1,454	$116	13
Assessments-Other		96111		Encounter	38	55	$9,370	$247	$170	1
Assessments-Testing		96115		Hour	25	36	$5,100	$204	$142	1
Neurobehavioral Status Exam (Children's Waiver)		96116			7	23	$3,066	$438	$133	3
Assessments-Testing		96117		Hour	9	34	$7,153	$795	$210	4
Neuropsych test by Psych/Phys (Children's Waiver)		96118			21	86	$8,753	$417	$102	4
Neuropsych test by Tech (Children's Waiver)		96119			49	59	$8,913	$182	$151	1
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	61	62	$21,208	$348	$342	1
Occupational Therapy		97004		Encounter	29	96	$21,696	$748	$226	3
Occupational or Physical Therapy		97110		15 Minutes	28	891	$14,667	$524	$16	32
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	1	104	$1,847	$1,847	$18	104
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	19	130	$8,148	$429	$63	7
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	52	2,529	$52,717	$1,014	$21	49
Occupational or Physical Therapy		97532		15 Minutes	3	37	$5,984	$1,995	$162	12
Occupational or Physical Therapy		97533		15 Minutes	9	38	$3,096	$344	$81	4
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	2	$210	$210	$105	2
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		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		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	14	41	$2,973	$212	$73	3
Assessment or Health Services		97803		15 Minutes	6	23	$1,736	$289	$75	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	8	9	$353	$44	$39	1
Additional Codes-Physician Services		99202		Encounter	2	2	$149	$75	$75	1
Additional Codes-Physician Services		99203		Encounter	1	1	$126	$126	$126	1
Additional Codes-Physician Services		99204		Encounter	1	1	$135	$135	$135	1
Additional Codes-Physician Services		99205		Encounter	27	27	$11,984	$444	$444	1
Additional Codes-Physician Services		99211		Encounter	23	48	$1,032	$45	$22	2
Additional Codes-Physician Services		99212		Encounter	2	2	$79	$39	$39	1
Additional Codes-Physician Services		99213		Encounter	127	221	$12,512	$99	$57	2
Additional Codes-Physician Services		99214		Encounter	90	206	$39,907	$443	$194	2
Additional Codes-Physician Services		99215		Encounter	234	277	$112,120	$479	$405	1
Additional Codes-Physician Services		99221			19	19	$1,527	$80	$80	1
Additional Codes-Physician Services		99222			156	177	$19,438	$125	$110	1
Additional Codes-Physician Services		99223			18	19	$2,684	$149	$141	1
Additional Codes-Physician Services		99231			139	544	$39,843	$287	$73	4
Additional Codes-Physician Services		99232			155	477	$23,998	$155	$50	3
Additional Codes-Physician Services		99233			38	54	$3,692	$97	$68	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	5	5	$287	$57	$57	1
Additional Codes-Physician Services		99242		Encounter	2	2	$180	$90	$90	1
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	10	10	$3,860	$386	$386	1
Additional Codes-Physician Services		99251		Encounter	3	3	$142	$47	$47	1
Additional Codes-Physician Services		99252		Encounter	13	14	$1,601	$123	$114	1
Additional Codes-Physician Services		99253		Encounter	33	34	$4,100	$124	$121	1
Additional Codes-Physician Services		99254		Encounter	7	7	$932	$133	$133	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	3	20	$1,873	$624	$94	7
Transportation		A0080		Per mile	10	266	$16,746	$1,675	$63	27
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	15	29	$230	$15	$8	2
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			1	2	$44	$44	$22	2
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	66	2,853	$14,163	$215	$5	43
Additional Codes-Transportation		A0427		fer to code descriptio	52	60	$4,295	$83	$72	1
Additional codes - Transportation		A0428			36	44	$3,803	$106	$86	1
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	13	75	$14,832	$1,141	$198	6
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	4,350	4,651	$946,621	$218	$204	1
Crisis Residential Services		H0018		Days	66	819	$186,430	$2,825	$228	12
Peer Directed and Operated Support Services		H0023		Encounter	4	7	$74	$18	$11	2

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025		Face to Face Contact	1,267	21,400	$2,117,044	$1,671	$99	17
Assessment		H0031		Encounter	12,584	49,512	$4,160,801	$331	$84	4
Treatment Planning		H0032		Encounter	10,216	18,415	$2,447,577	$240	$133	2
Health Services		H0034		15 Minutes	269	1,161	$50,010	$186	$43	4
Home Based Services		H0036		15 Minutes	5,472	685,974	$32,212,507	$5,887	$47	125
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	12	260	$2,103	$175	$8	22
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	12	609	$33,989	$2,832	$56	51
Community Living Supports in Independent living/own home		H0043		Per diem	17	110	$11,563	$680	$105	6
Respite		H0045		Per Diem	235	2,700	$468,633	$1,994	$174	11
Behavior Management Review		H2000		Encounter	46	61	$5,877	$128	$96	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	4,454	36,042	$2,275,170	$511	$63	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	478	67,548	$340,175	$712	$5	141
Community Living Supports (15 Minutes)		H2015		15 Minutes	662	234,236	$1,439,394	$2,174	$6	354
Community Living Supports (Daily)		H2016		Per Diem	55	7,969	$978,019	$17,782	$123	145
Community Living Supports (Daily)		H2016	TF	Per Diem	30	2,285	$162,246	$5,408	$71	76
Community Living Supports (Daily)		H2016	TG	Per Diem	106	12,970	$2,000,212	$18,870	$154	122
Behavior Services		H2019		15 Minutes	10	143	$47,415	$4,741	$332	14
Wraparound		H2021		15 Minutes	572	27,369	$1,981,568	$3,464	$72	48
Wraparound		H2022		Days	435	8,758	$718,710	$1,652	$82	20
Supported Employment Services		H2023		15 minutes	98	24,176	$235,002	$2,398	$10	247
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	25	4,265	$17,350	$694	$4	171
Medication Review		M0064		ncounter Face-to-Fac	506	902	$82,067	$162	$91	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	2	84	$311	$156	$4	42
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	1,934	10,069	$1,491,600	$771	$148	5
Foster Care		S5140		Days	1	1	$405	$405	$405	1
Foster Care		S5145		Days	208	8,310	$1,741,246	$8,371	$210	40
Respite		S5150		15 Minutes	767	322,154	$670,127	$874	$2	420
Respite		S5151		Per Diem	79	525	$579,064	$7,330	$1,103	7
Personal Emergency Response System (PERS)		S5160		Encounter	2	2	$480	$240	$240	1
Personal Emergency Response System (PERS)		S5161		Month	1	9	$5,187	$5,187	$576	9
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	381	874	$20,688	$54	$24	2
Health Services		S9446		Encounter	4	14	$1,203	$301	$86	4
Health Services		S9470		Encounter	10	18	$4,515	$452	$251	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	829	1,849	$306,908	$370	$166	2
Reidential Room and Board		S9976		Days	2	70	$1,340	$670	$19	35
Assessment		T1001		Encounter	1,038	1,802	$131,272	$126	$73	2
Health Services		T1002		Up to 15 min	2,356	8,586	$620,693	$263	$72	4
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	1,381	944,312	$2,767,849	$2,004	$3	684
Family Psycho-Education		T1015		Encounter	4	14	$3,606	$902	$258	4
Supports Coordination/Wrap Facilitation		T1016		15 minutes	830	26,091	$2,604,757	$3,138	$100	31
Targeted Case Management		T1017		15 minutes	6,956	222,090	$11,437,386	$1,644	$51	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	20	$981	$196	$49	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	114	14,075	$779,151	$6,835	$55	123
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	41	4,714	$276,553	$6,745	$59	115
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	30	2,119	$369,863	$12,329	$175	71
Assessments		T1023		Encounter	3,149	4,581	$1,039,139	$330	$227	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	16	214	$71,788	$4,487	$335	13
Transportation		T2001			1	1	$350	$350	$350	1
Transportation		T2002		Per Diem	35	416	$7,488	$214	$18	12
Transportation		T2003		Encounter / Trip	24	30	$3,769	$157	$126	1
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	4	7	$2,145	$536	$306	2
Fiscal Intermediary Services		T2025		Month	5	68	$2,935	$587	$43	14
Enhanced Medical Equipment-Supplies		T2028		Items	1	2	$155	$155	$78	2
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	135	495	$61,315	$454	$124	4
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	71	414	$63,177	$890	$153	6
Housing Assistance		T2038		Month	29	41	$16,234	$560	$396	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					19	0	$13,778	$725	$0	0
Other					2	0	$1,938	$969	$0	0
Aggregate for 'J' Codes		ALL			393	0	$110,302	$281	$0	0
Total Population and Cost					**38,711**		**$123,624,252**			

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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	87	16,778	$7,158,415	$82,281	$427	193
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	158	47,483	$13,561,660	$85,833	$286	301
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	156	2,553	$1,357,590	$8,702	$532	16
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	277	3,376	$1,860,607	$6,717	$551	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				1	2	$300	$300	$150	2
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	16	21	$4,898	$306	$233	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0912			Days	15	165	$44,878	$2,992	$272	11
Outpatient Partial Hospitalization	0913			Days	3	33	$13,750	$4,583	$417	11
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	190	1,291	$69,220	$364	$54	7
Medication Administration		90782		Encounter	129	335	$20,455	$159	$61	3

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	4,664	5,525	$1,259,373	$270	$228	1
Assessment-Psychiatric Assessment		90802		Encounter	19	22	$3,485	$183	$158	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1,375	5,833	$444,141	$323	$76	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	290	506	$56,894	$196	$112	2
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,613	19,498	$2,111,722	$808	$108	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	583	1,111	$86,931	$149	$78	2
Therapy-Individual Therapy		90808		Encounter 75-80 Min	511	2,180	$337,724	$661	$155	4
Therapy-Individual Therapy		90809		Encounter 75-80 Min	1	1	$267	$267	$267	1
Therapy-Individual Therapy		90810		Encounter 20-30 Min	7	23	$1,050	$150	$46	3
Therapy-Individual Therapy		90811		Encounter 20-30 Min	3	11	$979	$326	$89	4
Therapy-Individual Therapy		90812		Encounter 45-50 Min	35	127	$13,268	$379	$104	4
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	11	14	$3,882	$353	$277	1
Therapy-Individual Therapy		90815		Encounter 75-80 Min	5	9	$360	$72	$40	2
Therapy-Individual Therapy		90816		Encounter 20-30 Min	7	64	$3,878	$554	$61	9
Therapy-Individual Therapy		90817		Encounter 20-30 Min	5	29	$1,953	$391	$67	6
Therapy-Individual Therapy		90818		Encounter 45-50 Min	5	46	$4,428	$886	$96	9
Therapy-Individual Therapy		90819		Encounter 45-50 Min	1	1	$233	$233	$233	1
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	1	1	$73	$73	$73	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	242	842	$124,587	$515	$148	3
Therapy-Family Therapy		90847		Encounter	856	4,082	$517,036	$604	$127	5
Therapy-Family Therapy		90849		Encounter	4	5	$525	$131	$105	1
Therapy-Family Therapy		90849	HS	Encounter	2	3	$301	$150	$100	2
Therapy-Group Therapy		90853		Encounter	647	8,490	$444,530	$687	$52	13
Therapy-Group Therapy		90857		Encounter	20	54	$3,031	$152	$56	3
Medication Review		90862		Encounter	9,166	36,416	$3,796,919	$414	$104	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	926	1,645	$116,518	$126	$71	2
Speech & Language Therapy		92506		Encounter	780	1,202	$354,752	$455	$295	2
Speech & Language Therapy		92507		Encounter	549	5,841	$680,685	$1,240	$117	11
Speech & Language Therapy		92508		Encounter	66	904	$79,418	$1,203	$88	14

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Speech & Language Therapy		92526		Encounter	600	912	$133,733	$223	$147	2
Speech & Language Therapy		92610		Encounter	181	538	$115,539	$638	$215	3
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	596	1,715	$295,082	$495	$172	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			1,454	5,449	$840,048	$578	$154	4
Psychological Testing by Technician (Children's Waiver)		96102			18	30	$6,167	$343	$206	2
Psychological Testing by Comp (Children's Waiver)		96103			1	2	$838	$838	$419	2
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,397	6,242	$810,833	$580	$130	4
Assessments-Other		96111		Encounter	105	185	$44,810	$427	$242	2
Assessments-Testing		96115		Hour	323	1,077	$174,621	$541	$162	3
Neurobehavioral Status Exam (Children's Waiver)		96116			1,362	5,021	$719,868	$529	$143	4
Assessments-Testing		96117		Hour	4	10	$1,797	$449	$180	3
Neuropsych test by Psych/Phys (Children's Waiver)		96118			2	14	$3,619	$1,809	$258	7
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	470	503	$81,551	$174	$162	1
Physical Therapy		97002		Encounter	317	698	$127,278	$402	$182	2
Occupational Therapy		97003		Encounter	2,683	3,117	$1,066,385	$397	$342	1
Occupational Therapy		97004		Encounter	2,203	5,405	$956,492	$434	$177	2
Occupational or Physical Therapy		97110		15 Minutes	760	18,335	$555,717	$731	$30	24
Occupational or Physical Therapy		97112		15 Minutes	41	663	$21,280	$519	$32	16
Occupational or Physical Therapy		97113		15 Minutes	7	242	$6,891	$984	$28	35
Occupational or Physical Therapy		97116		15 Minutes	83	407	$26,128	$315	$64	5
Occupational or Physical Therapy		97124		15 Minutes	33	2,020	$55,853	$1,693	$28	61
Occupational or Physical Therapy		97140		15 Minutes	29	511	$29,886	$1,031	$58	18
Occupational or Physical Therapy		97150		Encounter	65	538	$31,143	$479	$58	8
Occupational Therapy		97504		15 Minutes	30	160	$9,203	$307	$58	5
Occupational or Physical Therapy		97530		15 Minutes	947	21,651	$747,258	$789	$35	23
Occupational or Physical Therapy		97532		15 Minutes	70	607	$57,718	$825	$95	9
Occupational or Physical Therapy		97533		15 Minutes	261	3,550	$124,707	$478	$35	14
Occupational or Physical Therapy		97535		15 Minutes	392	2,363	$134,803	$344	$57	6
Occupational or Physical Therapy		97537		15 Minutes	8	117	$15,188	$1,898	$130	15
Occupational or Physical Therapy		97542		15 Minutes	425	3,519	$274,360	$646	$78	8
Occupational Therapy		97703		15 Minutes	3	15	$523	$174	$35	5

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	6	21	$734	$122	$35	4
Occupational Therapy		97755		15 Minutes	171	1,312	$96,682	$565	$74	8
Occupational Therapy		97760		15 Minutes	65	430	$30,167	$464	$70	7
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			15	68	$363	$24	$5	5
Assessment or Health Services		97802		15 Minutes	801	3,509	$202,967	$253	$58	4
Assessment or Health Services		97803		15 Minutes	2,712	17,620	$823,111	$304	$47	6
Health Services		97804		30 Minutes	41	173	$5,159	$126	$30	4
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	1	1	$75	$75	$75	1
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	2	2	$982	$491	$491	1
Additional Codes-Physician Services		99211		Encounter	68	319	$24,312	$358	$76	5
Additional Codes-Physician Services		99212		Encounter	9	10	$7,172	$797	$717	1
Additional Codes-Physician Services		99213		Encounter	136	219	$33,068	$243	$151	2
Additional Codes-Physician Services		99214		Encounter	141	170	$83,441	$592	$491	1
Additional Codes-Physician Services		99215		Encounter	12	15	$2,910	$243	$194	1
Additional Codes-Physician Services		99221			21	22	$1,847	$88	$84	1
Additional Codes-Physician Services		99222			47	61	$6,696	$142	$110	1
Additional Codes-Physician Services		99223			7	7	$877	$125	$125	1
Additional Codes-Physician Services		99231			72	549	$20,730	$288	$38	8
Additional Codes-Physician Services		99232			43	102	$5,145	$120	$50	2
Additional Codes-Physician Services		99233			3	3	$372	$124	$124	1
Additional Codes-Physician Services		99238		30 Minutes or less	30	38	$2,067	$69	$54	1
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	2	2	$772	$386	$386	1
Additional Codes-Physician Services		99251		Encounter	2	2	$93	$46	$46	1
Additional Codes-Physician Services		99252		Encounter	5	5	$525	$105	$105	1
Additional Codes-Physician Services		99253		Encounter	14	15	$2,003	$143	$134	1
Additional Codes-Physician Services		99254		Encounter	5	7	$1,186	$237	$169	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		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	16	62	$3,887	$243	$63	4
Transportation		A0080		Per mile	19	4,244	$2,421	$127	$1	223
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	42	160	$1,405	$33	$9	4
Transportation		A0110		Per one-way trip	201	1,954	$345,407	$1,718	$177	10
Transportation		A0120			573	99,922	$1,034,115	$1,805	$10	174
Transportation		A0130			14	627	$27,743	$1,982	$44	45
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	23	546	$20,183	$878	$37	24
Additional Codes-Transportation		A0427		Refer to code descriptions.	6	8	$400	$67	$50	1
Additional codes - Transportation		A0428			8	8	$896	$112	$112	1
General dental services		D0150			153	280	$326,052	$2,131	$1,164	2
Comp periodontal evaluation		D0180		Encounter	2	3	$7,766	$3,883	$2,589	2
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			13	19	$1,050	$81	$55	1
Resin based comp-one surface, ant		D2330			2	4	$230	$115	$58	2
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			1	1	$165	$165	$165	1
Resin based comp-one surface, post		D2391			1	3	$345	$345	$115	3
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	384	2,353	$202,421	$527	$86	6
Activity Therapy (Children's Waiver)		G0176		Encounter	58	1,566	$110,144	$1,899	$70	27
Family Training/Support EBP only		G0177		Encounter	4	31	$7,154	$1,789	$231	8
Medication administration		G0351			26	92	$6,042	$232	$66	4

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		H0002		Encounter	758	829	$166,639	$220	$201	1
Crisis Residential Services		H0018		Days	72	812	$203,829	$2,831	$251	11
Peer Directed and Operated Support Services		H0023		Encounter	58	1,268	$21,398	$369	$17	22
Prevention Services - Direct Model		H0025		Face to Face Contact	278	1,302	$89,335	$321	$69	5
Assessment		H0031		Encounter	7,617	15,631	$2,749,372	$361	$176	2
Treatment Planning		H0032		Encounter	8,089	27,651	$5,019,892	$621	$182	3
Health Services		H0034		15 Minutes	441	2,067	$91,289	$207	$44	5
Home Based Services		H0036		15 Minutes	199	28,728	$1,100,300	$5,529	$38	144
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	132	10,362	$98,991	$750	$10	79
Peer Directed and Operated Support Services		NA			0	0	$692,386	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	69	10,156	$389,815	$5,649	$38	147
Community Living Supports in Independent living/own home		H0043		Per diem	1,448	198,240	$24,527,783	$16,939	$124	137
Respite		H0045		Per Diem	1,128	16,617	$3,512,912	$3,114	$211	15
Behavior Management Review		H2000		Encounter	4,057	8,739	$821,165	$202	$94	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1,114	11,360	$533,685	$479	$47	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13,588	37,610,301	$121,392,517	$8,934	$3	2,768
Community Living Supports (15 Minutes)		H2015		15 Minutes	10,690	54,911,074	$177,411,363	$16,596	$3	5,137
Community Living Supports (Daily)		H2016		Per Diem	2,732	782,614	$29,359,679	$10,747	$38	286
Community Living Supports (Daily)		H2016	TF	Per Diem	2,405	618,824	$37,841,259	$15,734	$61	257
Community Living Supports (Daily)		H2016	TG	Per Diem	5,157	1,539,805	$180,962,669	$35,091	$118	299
Behavior Services		H2019		15 Minutes	67	1,743	$42,794	$639	$25	26
Wraparound		H2021		15 Minutes	10	162	$8,171	$817	$50	16
Wraparound		H2022		Days	21	317	$62,251	$2,964	$196	15
Supported Employment Services		H2023		15 minutes	4,682	4,744,554	$24,844,095	$5,306	$5	1,013
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	282	414,966	$1,673,207	$5,933	$4	1,472
Medication Review		M0064		Encounter Face-to-Face	1,053	3,703	$389,462	$370	$105	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	969	4,957	$674,129	$696	$136	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	194	2,341	$242,162	$1,248	$103	12
Chore Services		S5120		15 Minutes	4	370	$2,497	$624	$7	93
Foster Care		S5140		Days	16	2,992	$393,396	$24,587	$131	187
Foster Care		S5145		Days	31	9,357	$1,763,726	$56,894	$188	302
Respite		S5150		15 Minutes	3,051	3,043,130	$5,849,414	$1,917	$2	997
Respite		S5151		Per Diem	347	8,435	$1,064,273	$3,067	$126	24

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160		Encounter	17	61	$37,056	$2,180	$607	4
Personal Emergency Response System (PERS)		S5161		Month	155	1,660	$877,050	$5,658	$528	11
Environmental Modification		S5165		Service	145	2,074	$419,642	$2,894	$202	14
Enhanced Medical Equipment-Supplies		S5199		Items	707	2,371	$496,081	$702	$209	3
Occupational or Physical Therapy		S8990		Encounter	174	11,306	$523,061	$3,006	$46	65
Private Duty Nursing	0582	S9123		Hour	8	8,245	$429,844	$53,730	$52	1,031
Private Duty Nursing		S9123			13	14,332	$530,650	$40,819	$37	1,102
Private Duty Nursing	0582	S9124		Hour	7	8,384	$249,517	$35,645	$30	1,198
Private Duty Nursing		S9124			18	38,953	$1,241,511	$68,973	$32	2,164
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	5	30	$17,909	$3,582	$597	6
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	3	11	$7,051	$2,350	$641	4
Health Services		S9445		Encounter	2,193	5,912	$541,361	$247	$92	3
Health Services		S9446		Encounter	232	1,686	$111,635	$481	$66	7
Health Services		S9470		Encounter	857	2,402	$228,141	$266	$95	3
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	234	1,005	$147,296	$629	$147	4
Reidential Room and Board		S9976		Days	220	69,350	$1,696,303	$7,710	$24	315
Health Services		T1000		Up to 15 min	19	105,525	$1,112,166	$58,535	$11	5,554
Assessment		T1001		Encounter	5,957	12,287	$2,388,567	$401	$194	2
Health Services		T1002		Up to 15 min	6,777	91,350	$5,711,980	$843	$63	13
Health Services		T1003		Up to 15 min	1	1,014	$2,783	$2,783	$3	1,014
Health Services		T1005		15 minutes	3,689	5,226,756	$18,172,380	$4,926	$3	1,417
Family Psycho-Education		T1015		Encounter	1	1	$66	$66	$66	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	26,187	899,159	$69,658,163	$2,660	$77	34
Targeted Case Management		T1017		15 minutes	6,173	195,789	$10,678,909	$1,730	$55	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	154	5,328	$201,677	$1,310	$38	35
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4,483	1,308,348	$24,326,737	$5,426	$19	292
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2,771	741,074	$39,033,407	$14,086	$53	267
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2,702	769,965	$72,909,574	$26,984	$95	285
Assessments		T1023		Encounter	993	1,500	$287,695	$290	$192	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,234	16,070	$452,458	$367	$28	13
Transportation		T2001			15	94	$4,434	$296	$47	6
Transportation		T2002		Per Diem	594	29,756	$638,770	$1,075	$21	50
Transportation		T2003		Encounter / Trip	1,661	367,737	$4,164,482	$2,507	$11	221
Transportation		T2004			20	3,742	$3,953	$198	$1	187
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	339	1,187	$381,014	$1,124	$321	4
Out of Home Prevocational Service		T2015		Hour	1,463	959,480	$11,882,771	$8,122	$12	656
Targeted Case Management (Children's Waiver)		T2023		Month	327	3,268	$1,417,757	$4,336	$434	10
Fiscal Intermediary Services		T2025		Month	1,212	13,748	$1,197,678	$988	$87	11

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		T2028		Items	260	608	$192,561	$741	$317	2
Enhanced Medical Equipment-Supplies		T2029		Items	73	696	$94,694	$1,297	$136	10
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	72	819	$178,067	$2,473	$217	11
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	77	434	$54,040	$702	$125	6
Housing Assistance		T2038		Month	828	10,641	$1,479,720	$1,787	$139	13
Enhanced Medical Equipment-Supplies		T2039		Items	28	29	$116,959	$4,177	$4,033	1
Pharmacy (Drugs and Other Biologicals)					145	0	$806,220	$5,560	$0	0
Other					4	0	$251,671	$62,918	$0	0
Aggregate for 'J' Codes		ALL			521	0	$216,483	$416	$0	0
Total Population and Cost					**36,535**		**$945,029,114**			

Prevention Indirect Service Model

Fiscal Year 2005-2006

State of Michigan

CMH Name	Prevention Indirect Cost	Total Service Expenditures	Percentage
Allegan	$10,770	$17,542,086	0.06%
AuSable Valley	$1,052,858	$12,397,072	8.49%
Barry	$0	$5,214,633	0.00%
Bay-Arenac	$43,390	$32,502,406	0.13%
Berrien	$0	$26,299,325	0.00%
Clinton Eaton Ingham	$98,947	$70,636,173	0.14%
CMH for Central Michigan	$0	$60,406,265	0.00%
Copper Country	$0	$13,834,834	0.00%
Detroit-Wayne	$0	$553,510,731	0.00%
Genesee	$403,815	$103,419,149	0.39%
Gogebic	$0	$5,957,803	0.00%
Gratiot	$0	$9,122,023	0.00%
Hiawatha	$0	$15,402,504	0.00%
Huron	$0	$8,588,763	0.00%
Ionia	$76,153	$9,265,364	0.82%
Kalamazoo	$1,316,088	$59,027,242	2.23%
Lapeer	$89,665	$13,116,772	0.68%
Lenawee	$0	$17,023,439	0.00%
Lifeways	$99,730	$36,313,482	0.27%
Livingston	$0	$16,890,650	0.00%
Macomb	$127,811	$160,597,604	0.08%
Manistee-Benzie	$0	$11,741,122	0.00%
Monroe	$0	$26,397,638	0.00%
Montcalm	$43,641	$6,901,208	0.63%
Muskegon	$0	$42,707,359	0.00%
Network180	$788,321	$88,673,377	0.89%
Newaygo	$0	$7,888,525	0.00%
North Country	$46,547	$31,075,943	0.15%
Northeast Michigan	$0	$20,173,584	0.00%
Northern Lakes	$0	$40,975,210	0.00%
Northpointe	$72,380	$15,866,387	0.46%
Oakland	$245,524	$237,794,243	0.10%
Ottawa	$87,853	$29,266,328	0.30%
Pathways	$0	$39,742,961	0.00%
Pines	$0	$8,275,591	0.00%
Saginaw	$0	$44,491,799	0.00%
Sanilac	$26,667	$15,816,418	0.17%
Shiawassee	$30,924	$12,298,529	0.25%
St. Clair	$0	$40,932,411	0.00%
St. Joseph	$0	$10,803,343	0.00%
Summit Pointe	$0	$28,486,320	0.00%
Tuscola	$0	$12,959,010	0.00%
Van Buren	$87,048	$13,968,601	0.62%
Washtenaw	$172,454	$51,246,754	0.34%
West Michigan	$97,923	$15,235,651	0.64%
Woodlands	$62,600	$8,979,127	0.70%
State Totals	$5,081,110	$2,109,765,759	0.24%