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

Adults with Mental Illness
(Adult MI)

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 from October 1, 2005 to September 30, 2006 and submitted to MDCH by January 31, 2007. The data in this section represent the total costs associated with providing mental health services to adults with mental illness (adult MI) by service category for each of the 46 CMHSPs within the State of Michigan.

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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	7	890	$481,959	$68,851	$542	127
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	14	101	$50,119	$3,580	$496	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	120	1,124	$670,708	$5,589	$597	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	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
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	2	4	$49	$25	$12	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	39	426	$38,483	$987	$90	11
Medication Administration		90782		Encounter	28	126	$11,382	$407	$90	5
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	332	343	$61,616	$186	$180	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	346	810	$60,233	$174	$74	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	502	6,226	$863,419	$1,720	$139	12
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	54	122	$26,849	$497	$220	2
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	9	27	$3,074	$342	$114	3
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	29	367	$32,406	$1,117	$88	13
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	577	2,391	$225,787	$391	$94	4
Additional Codes-ECT Physician		90870		Encounter	1	3	$1,710	$1,710	$570	3
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
Assessments-Testing		96100		Hour	11	24	$4,181	$380	$174	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			19	62	$10,800	$568	$174	3
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	1	2	$306	$306	$153	2
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			9	58	$8,874	$986	$153	6
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$128	$128	$128	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	94	102	$4,581	$49	$45	1
Crisis Residential Services		H0018		Days	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	20	180	$16,680	$834	$93	9
Assessment		H0031		Encounter	608	651	$88,522	$146	$136	1
Treatment Planning		H0032		Encounter	649	1,320	$125,300	$193	$95	2
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	3	476	$18,965	$6,322	$40	159
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	$197,676	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	64	9,272	$503,628	$7,869	$54	145
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
Behavior Management Review		H2000		Encounter	6	8	$628	$105	$79	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	38	167	$6,499	$171	$39	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	23	8,848	$76,190	$3,313	$9	385
Community Living Supports (15 Minutes)		H2015		15 Minutes	11	64,042	$225,805	$20,528	$4	5,822

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	11	2,640	$59,677	$5,425	$23	240
Community Living Supports (Daily)		H2016	TF	Per Diem	11	2,608	$234,445	$21,313	$90	237
Community Living Supports (Daily)		H2016	TG	Per Diem	11	2,311	$408,743	$37,158	$177	210
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	26	2,071	$44,367	$1,706	$21	80
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3	899	$3,013	$1,004	$3	300
Medication Review		M0064		Encounter Face-to-Face	40	51	$4,223	$106	$83	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	1	8	$1,387	$1,387	$173	8
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
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
Assessment		T1001		Encounter	4	4	$329	$82	$82	1
Health Services		T1002		Up to 15 min	4	81	$1,336	$334	$16	20
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	42	1,158	$45,155	$1,075	$39	28
Targeted Case Management		T1017		15 minutes	225	11,256	$453,377	$2,015	$40	50
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	39	1,084	$44,479	$1,140	$41	28
Personal Care in Licensed Specialized Residential Setting		T1020		Days	29	6,968	$54,365	$1,875	$8	240
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	487	$19,587	$9,794	$40	244
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	168	228	$25,554	$152	$112	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
PASRR Level II Screens		T2011		Evaluation	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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)					18	0	$77,668	$4,315	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			36	0	$4,257	$118	$0	0
Total Population and Cost					**1,061**		**$5,298,519**			

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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	402	$17,294	$5,765	$43	134
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	107	393	$117,038	$1,094	$298	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
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	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	13	54	$569	$44	$11	4
Medication Administration		90782		Encounter	8	26	$410	$51	$16	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	844	1,114	$114,232	$135	$103	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	168	275	$9,542	$57	$35	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	664	2,859	$174,395	$263	$61	4
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	20	32	$3,371	$169	$105	2
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	7	7	$654	$93	$93	1
Therapy-Family Therapy		90847		Encounter	60	130	$12,157	$203	$94	2
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	149	954	$42,042	$282	$44	6
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	335	961	$58,707	$175	$61	3
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	2	$120	$120	$60	2
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
Assessments-Testing		96100		Hour	11	11	$1,029	$94	$94	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			16	36	$3,366	$210	$94	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	2	6	$561	$281	$94	3
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	3	3	$94	$31	$31	1
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	7	85	$2,150	$307	$25	12
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	36	37	$3,273	$91	$88	1
Crisis Residential Services		H0018		Days	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	131	407	$11,419	$87	$28	3
Treatment Planning		H0032		Encounter	925	1,386	$129,331	$140	$93	1
Health Services		H0034		15 Minutes	5	5	$53	$11	$11	1
Home Based Services		H0036		15 Minutes	48	2,367	$55,353	$1,153	$23	49
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	80	27,880	$495,465	$6,193	$18	349
Community Living Supports in Independent living/own home		H0043		Per diem	11	3,006	$247,262	$22,478	$82	273
Respite		H0045		Per Diem	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-Non-enrolled Service		H2011		15 Minutes	357	2,241	$52,575	$147	$23	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	41	15,198	$221,296	$5,397	$15	371
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	2,894	$31,744	$6,349	$11	579

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	1	335	$43,541	$43,541	$130	335
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	38	1,099	$158,824	$4,180	$145	29
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	25	11,252	$163,839	$6,554	$15	450
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
Medication Review		M0064		Encounter Face-to-Face	1	1	$21	$21	$21	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	7	122	$2,169	$310	$18	17
Family Training		S5111		Encounter	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
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
Assessment		T1001		Encounter	310	325	$13,707	$44	$42	1
Health Services		T1002		Up to 15 min	390	1,760	$18,557	$48	$11	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	6	10	$710	$118	$71	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	63	$2,489	$498	$40	13
Targeted Case Management		T1017		15 minutes	101	8,585	$162,055	$1,605	$19	85
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	3	$58	$58	$19	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	6	883	$24,010	$4,002	$27	147
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	186	$4,443	$4,443	$24	186
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	129	156	$14,589	$113	$94	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
PASRR Level II Screens		T2011		Evaluation	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

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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			22	0	$36,053	$1,639	$0	0
Total Population and Cost					**1,576**		**$2,450,567**			

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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	145	$80,338	$40,169	$554	73
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	56	305	$192,122	$3,431	$630	5
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
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	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
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	85	89	$34,633	$407	$389	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	284	547	$115,717	$407	$212	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	902	4,221	$367,522	$407	$87	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	22	29	$8,964	$407	$309	1
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	160	324	$65,192	$407	$201	2
Therapy-Family Therapy		90849		Encounter	4	13	$1,905	$476	$147	3
Therapy-Family Therapy		90849	HS	Encounter	5	7	$1,026	$205	$147	1
Therapy-Group Therapy		90853		Encounter	238	2,099	$98,974	$416	$47	9
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	238	919	$94,974	$399	$103	4
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
Assessments-Testing		96100		Hour	1	2	$287	$287	$144	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			1	1	$143	$143	$143	1
Psychological Testing by Technician (Children's Waiver)		96102			4	7	$1,003	$251	$143	2
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$402	$201	$201	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	2	50	$267	$134	$5	25
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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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			2	2	$254	$127	$127	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			3	5	$354	$118	$71	2
Additional Codes-Physician Services		99232			3	10	$741	$247	$74	3
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	7	7	$774	$111	$111	1
Additional Codes-Physician Services		99241		Encounter	63	85	$4,727	$75	$56	1
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	9	36	$1,541	$171	$43	4
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$161	$81	$81	1
Crisis Residential Services		H0018		Days	1	6	$1,500	$1,500	$250	6
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	1	$512	$512	$512	1
Treatment Planning		H0032		Encounter	12	32	$4,750	$396	$148	3
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	11	1,283	$50,316	$4,574	$39	117
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
Behavior Management Review		H2000		Encounter	3	4	$744	$248	$186	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	188	3,998	$37,612	$200	$9	21
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	14	15,399	$157,960	$11,283	$10	1,100

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	7	1,909	$228,635	$32,662	$120	273
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	0	0	$0	$0	$0	0
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
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
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	1,440	$1,440	$1,440	$1	1,440
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
Health Services		S9445		Encounter	107	259	$9,098	$85	$35	2
Health Services		S9446		Encounter	4	118	$1,436	$359	$12	30
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	167	410	$31,066	$186	$76	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	8	8	$922	$115	$115	1
Health Services		T1002		Up to 15 min	8	240	$369	$46	$2	30
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	39	322	$43,245	$1,109	$134	8
Targeted Case Management		T1017		15 minutes	82	1,042	$161,217	$1,966	$155	13
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	6	1,821	$17,574	$2,929	$10	304
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	88	$3,525	$3,525	$40	88
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	103	178	$48,303	$469	$271	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	13	109	$15,155	$1,166	$139	8
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
PASRR Level II Screens		T2011		Evaluation	60	60	$9,542	$159	$159	1
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

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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			13	0	$2,489	$191	$0	0
Total Population and Cost					**1,111**		**$1,899,431**			

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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	11	2,534	$1,390,821	$126,438	$549	230
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	4	30	$16,165	$4,041	$539	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	231	1,646	$1,076,449	$4,660	$654	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
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	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	99	1,106	$37,257	$376	$34	11
Medication Administration		90782		Encounter	50	235	$5,608	$112	$24	5
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	843	907	$108,949	$129	$120	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	219	311	$13,573	$62	$44	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,229	8,843	$689,708	$561	$78	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	103	187	$28,610	$278	$153	2
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	5	$411	$82	$82	1
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	267	2,724	$84,483	$316	$31	10
Therapy-Group Therapy		90857		Encounter	2	9	$270	$135	$30	5
Medication Review		90862		Encounter	2,080	9,405	$388,854	$187	$41	5
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
Assessments-Testing		96100		Hour	1	8	$1,128	$1,128	$141	8
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			3	13	$1,286	$429	$99	4
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	6	6	$474	$79	$79	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$79	$79	$79	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	5	74	$1,556	$311	$21	15
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

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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		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 Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	17	$307	$154	$18	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
Occupational Therapy		97760		15 Minutes	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	22	382	$5,863	$267	$15	17
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	120	158	$1,407	$12	$9	1
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			17	17	$1,219	$72	$72	1
Additional Codes-Physician Services		99222			264	314	$43,182	$164	$138	1
Additional Codes-Physician Services		99223			20	20	$3,153	$158	$158	1
Additional Codes-Physician Services		99231			265	1,659	$57,237	$216	$35	6
Additional Codes-Physician Services		99232			66	187	$8,019	$122	$43	3
Additional Codes-Physician Services		99233			8	10	$856	$107	$86	1
Additional Codes-Physician Services		99238		30 Minutes or less	231	268	$13,035	$56	$49	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	8	8	$392	$49	$49	1
Additional Codes-Physician Services		99252		Encounter	42	43	$3,089	$74	$72	1
Additional Codes-Physician Services		99253		Encounter	10	10	$1,365	$136	$136	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	39	5,656	$2,374	$61	$0	145
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	121	$527	$527	$4	121
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			1	1	$117	$117	$117	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	0	0	$0	$0	$0	0
Medication administration		G0351			29	115	$422	$15	$4	4
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	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	655	672	$78,206	$119	$116	1
Treatment Planning		H0032		Encounter	644	776	$41,439	$64	$53	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	69	6,116	$275,484	$3,993	$45	89
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	108	4,851	$49,204	$456	$10	45
Peer Directed and Operated Support Services		NA			116	0	$94,367	$814	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	110	12,131	$1,115,162	$10,138	$92	110
Community Living Supports in Independent living/own home		H0043		Per diem	1	114	$8,674	$8,674	$76	114
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	6	8	$1,072	$179	$134	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	294	1,551	$76,328	$260	$49	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	35	87,578	$112,057	$3,202	$1	2,502
Community Living Supports (15 Minutes)		H2015		15 Minutes	45	63,716	$428,115	$9,514	$7	1,416

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	5	1,671	$51,947	$10,389	$31	334
Community Living Supports (Daily)		H2016	TF	Per Diem	12	3,708	$203,693	$16,974	$55	309
Community Living Supports (Daily)		H2016	TG	Per Diem	29	6,671	$692,192	$23,869	$104	230
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	23	14,269	$54,973	$2,390	$4	620
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	130	144,870	$317,484	$2,442	$2	1,114
Medication Review		M0064		Encounter Face-to-Face	1	1	$6	$6	$6	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	1	1	$137	$137	$137	1
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
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	18	19	$2,299	$128	$121	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	108	15,136	$182,492	$1,690	$12	140
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	183	188	$14,365	$78	$76	1
Health Services		T1002		Up to 15 min	368	3,987	$112,118	$305	$28	11
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	21	38,256	$89,267	$4,251	$2	1,822
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	20	438	$40,129	$2,006	$92	22
Targeted Case Management		T1017		15 minutes	1,198	45,213	$2,088,585	$1,743	$46	38
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	29	831	$49,295	$1,700	$59	29
Personal Care in Licensed Specialized Residential Setting		T1020		Days	29	6,847	$59,147	$2,040	$9	236
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	7	2,497	$129,982	$18,569	$52	357
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	4	867	$62,641	$15,660	$72	217
Assessments		T1023		Encounter	638	967	$561,788	$881	$581	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	3	21	$320	$107	$15	7
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	27	5,792	$25,959	$961	$4	215
Transportation		T2004			5	1,250	$1,280	$256	$1	250
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$97,677	$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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	0	0	$80,012	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$302,072	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$36,751	$0	$0	0
Total Population and Cost					**3,203**		**$11,524,967**			

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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	16	1,872	$950,976	$59,436	$508	117
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	$5,790	$5,790	$827	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	136	1,687	$1,107,548	$8,144	$657	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
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	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	127	1,259	$73,856	$582	$59	10
Medication Administration		90782		Encounter	95	364	$21,353	$225	$59	4
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	740	816	$176,605	$239	$216	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	81	94	$7,169	$89	$76	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,074	7,091	$821,258	$765	$116	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	26	168	$15,170	$583	$90	6
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	$123	$123	$123	1
Therapy-Family Therapy		90847		Encounter	27	155	$8,342	$309	$54	6
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	32	877	$48,872	$1,527	$56	27
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,346	5,470	$481,182	$357	$88	4
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
Assessments-Testing		96100		Hour	120	122	$29,378	$245	$241	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			3	3	$1,162	$387	$387	1
Psychological Testing by Technician (Children's Waiver)		96102			6	6	$1,689	$282	$282	1
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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	20	32	$1,214	$61	$38	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			5	8	$657	$131	$82	2
Additional Codes-Physician Services		99222			150	177	$21,805	$145	$123	1
Additional Codes-Physician Services		99223			4	4	$657	$164	$164	1
Additional Codes-Physician Services		99231			178	1,738	$71,363	$401	$41	10
Additional Codes-Physician Services		99232			25	36	$2,112	$84	$59	1
Additional Codes-Physician Services		99233			1	1	$88	$88	$88	1
Additional Codes-Physician Services		99238		30 Minutes or less	180	211	$9,932	$55	$47	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	2	2	$164	$82	$82	1
Additional Codes-Physician Services		99252		Encounter	5	5	$440	$88	$88	1
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	75	662	$89,606	$1,195	$135	9
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			19	48	$2,816	$148	$59	3
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	37	173	$51,916	$1,403	$300	5
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	800	817	$191,709	$240	$235	1
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	3	138	$8,095	$2,698	$59	46
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	22	232	$4,083	$186	$18	11
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	60	8,494	$548,108	$9,135	$65	142
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
Behavior Management Review		H2000		Encounter	8	18	$1,415	$177	$79	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	28	92	$2,736	$98	$30	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	27	96,924	$219,413	$8,126	$2	3,590
Community Living Supports (15 Minutes)		H2015		15 Minutes	62	66,411	$276,094	$4,453	$4	1,071

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	3	642	$27,416	$9,139	$43	214
Community Living Supports (Daily)		H2016	TF	Per Diem	4	723	$34,910	$8,728	$48	181
Community Living Supports (Daily)		H2016	TG	Per Diem	38	9,662	$1,655,668	$43,570	$171	254
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	4,168	$23,018	$822	$6	149
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	51	81,624	$781,011	$15,314	$10	1,600
Medication Review		M0064		Encounter Face-to-Face	233	889	$78,226	$336	$88	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	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
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
Assessment		T1001		Encounter	1	1	$176	$176	$176	1
Health Services		T1002		Up to 15 min	22	118	$3,485	$158	$30	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	1	352	$1,313	$1,313	$4	352
Family Psycho-Education		T1015		Encounter	4	61	$2,147	$537	$35	15
Supports Coordination/Wrap Facilitation		T1016		15 minutes	57	2,026	$142,620	$2,502	$70	36
Targeted Case Management		T1017		15 minutes	385	10,414	$672,003	$1,745	$65	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	6	21	$1,232	$205	$59	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	40	10,221	$110,816	$2,770	$11	256
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	729	$34,246	$11,415	$47	243
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	397	549	$96,617	$243	$176	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
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	1	$117	$117	$117	1
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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			198	0	$216,955	$1,096	$0	0
Total Population and Cost					**2,565**		**$9,136,872**			

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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	53	5,887	$2,989,954	$56,414	$508	111
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	40	426	$175,427	$4,386	$412	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	566	7,172	$2,953,430	$5,218	$412	13
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
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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	2	12	$1,561	$781	$130	6
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	321	3,702	$319,895	$997	$86	12
Medication Administration		90782		Encounter	267	1,126	$101,646	$381	$90	4
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	1,859	2,621	$1,329,929	$715	$507	1
Assessment-Psychiatric Assessment		90802		Encounter	22	22	$7,781	$354	$354	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	420	1,294	$191,292	$455	$148	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	7	8	$1,056	$151	$132	1
Therapy-Individual Therapy		90806		Encounter 45-50 Min	841	5,024	$973,752	$1,158	$194	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	2	2	$571	$286	$286	1
Therapy-Individual Therapy		90808		Encounter 75-80 Min	75	175	$43,407	$579	$248	2
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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	10	10	$2,865	$287	$287	1
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
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	2	2	$462	$231	$231	1
Therapy-Family Therapy		90847		Encounter	30	72	$13,443	$448	$187	2
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	153	935	$170,806	$1,116	$183	6
Therapy-Group Therapy		90857		Encounter	1	3	$204	$204	$68	3
Medication Review		90862		Encounter	2,066	10,555	$2,201,771	$1,066	$209	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	19	23	$3,343	$176	$145	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
Assessments-Testing		96100		Hour	1	1	$456	$456	$456	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			1	3	$1,404	$1,404	$468	3
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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	3	3	$988	$329	$329	1
Additional Codes-Physician Services		99253		Encounter	1	1	$361	$361	$361	1
Additional Codes-Physician Services		99254		Encounter	1	1	$329	$329	$329	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	13	14	$4,210	$324	$301	1
Additional Codes-Physician Services		99262		Encounter	15	17	$5,258	$351	$309	1
Additional Codes-Physician Services		99263		Encounter	2	2	$689	$345	$345	1
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	9	55	$12,841	$1,427	$233	6
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
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	366	14,895	$75,220	$206	$5	41
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			366	477	$107,788	$295	$226	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	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	396	4,565	$1,275,022	$3,220	$279	12
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	3	3	$1,403	$468	$468	1
Assessment		H0031		Encounter	819	884	$273,731	$334	$310	1
Treatment Planning		H0032		Encounter	312	341	$40,252	$129	$118	1
Health Services		H0034		15 Minutes	222	2,528	$143,236	$645	$57	11
Home Based Services		H0036		15 Minutes	106	7,543	$480,187	$4,530	$64	71
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	1	$498	$498	$498	1
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	73	4,303	$626,353	$8,580	$146	59
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
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-Non-enrolled Service		H2011		15 Minutes	1,605	9,690	$740,704	$461	$76	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	46	831	$2,850	$62	$3	18
Community Living Supports (15 Minutes)		H2015		15 Minutes	322	81,643	$364,944	$1,133	$4	254

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	38	11,823	$247,337	$6,509	$21	311
Community Living Supports (Daily)		H2016	TF	Per Diem	29	7,771	$403,315	$13,907	$52	268
Community Living Supports (Daily)		H2016	TG	Per Diem	73	18,695	$2,160,768	$29,600	$116	256
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	2	128	$7,757	$3,879	$61	64
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	23	2,678	$212,821	$9,253	$79	116
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	140	107,273	$617,251	$4,409	$6	766
Medication Review		M0064		Encounter Face-to-Face	162	501	$62,319	$385	$124	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	19	36	$2,417	$127	$67	2
Foster Care		S5140		Days	25	8,069	$244,037	$9,761	$30	323
Foster Care		S5145		Days	7	14	$4,488	$641	$321	2
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
Health Services		S9445		Encounter	394	1,403	$84,230	$214	$60	4
Health Services		S9446		Encounter	1	2	$155	$155	$78	2
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	400	498	$234,504	$586	$471	1
Reidential Room and Board		S9976		Days	396	4,566	$115,586	$292	$25	12
Assessment		T1001		Encounter	238	275	$25,385	$107	$92	1
Health Services		T1002		Up to 15 min	785	2,364	$69,927	$89	$30	3
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	14	180	$731	$52	$4	13
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4	11	$640	$160	$58	3
Targeted Case Management		T1017		15 minutes	1,416	39,921	$2,359,331	$1,666	$59	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	97	3,470	$205,065	$2,114	$59	36
Personal Care in Licensed Specialized Residential Setting		T1020		Days	134	37,131	$292,964	$2,186	$8	277
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	1,156	$64,979	$12,996	$56	231
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	150	200	$17,194	$115	$86	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
PASRR Level II Screens		T2011		Evaluation	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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			308	0	$486,733	$1,580	$0	0
Total Population and Cost					**4,736**		**$23,561,253**			

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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	21	2,806	$1,445,292	$68,823	$515	134
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	8	123	$76,837	$9,605	$625	15
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	321	1,874	$1,181,226	$3,680	$630	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
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	9	60	$12,523	$1,391	$209	7
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	114	1,397	$55,447	$486	$40	12
Medication Administration		90782		Encounter	90	428	$16,987	$189	$40	5
Medication Administration		90788		Encounter	1	1	$40	$40	$40	1
Assessment-Psychiatric Assessment		90801		Encounter	1,944	2,495	$397,653	$205	$159	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	624	1,151	$52,612	$84	$46	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	518	889	$168,990	$326	$190	2
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,704	18,949	$1,768,321	$654	$93	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	176	398	$55,537	$316	$140	2
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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	16	22	$986	$62	$45	1
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	11	12	$754	$69	$63	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	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	9	23	$2,121	$236	$92	3
Therapy-Family Therapy		90847		Encounter	54	143	$13,212	$245	$92	3
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	374	3,785	$213,058	$570	$56	10
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	2,295	7,946	$997,064	$434	$125	3
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	9	9	$1,789	$199	$199	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
Assessments-Testing		96100		Hour	15	16	$3,082	$205	$193	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			36	72	$22,354	$621	$310	2
Psychological Testing by Technician (Children's Waiver)		96102			15	112	$50,337	$3,356	$449	7
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	13	14	$2,441	$188	$174	1
Occupational Therapy		97004		Encounter	8	8	$1,286	$161	$161	1
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

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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 Therapy		97504		15 Minutes	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	1	3	$85	$85	$28	3
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
Occupational Therapy		97760		15 Minutes	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			7	7	$507	$72	$72	1
Additional Codes-Physician Services		99222			29	34	$3,287	$113	$97	1
Additional Codes-Physician Services		99223			137	164	$16,374	$120	$100	1
Additional Codes-Physician Services		99231			23	63	$2,591	$113	$41	3
Additional Codes-Physician Services		99232			132	408	$20,767	$157	$51	3
Additional Codes-Physician Services		99233			96	161	$9,354	$97	$58	2
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	3	3	$148	$49	$49	1
Additional Codes-Physician Services		99253		Encounter	7	8	$405	$58	$51	1
Additional Codes-Physician Services		99254		Encounter	23	24	$2,677	$116	$112	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	20	181	$7,452	$373	$41	9
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$98,654	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	74	201	$27,883	$377	$139	3
Assessment		H0031		Encounter	637	1,097	$177,999	$279	$162	2
Treatment Planning		H0032		Encounter	1,046	1,288	$164,838	$158	$128	1
Health Services		H0034		15 Minutes	344	1,044	$41,436	$120	$40	3
Home Based Services		H0036		15 Minutes	69	6,413	$275,759	$3,997	$43	93
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	7	$25	$13	$4	4
Peer Directed and Operated Support Services		NA			0	0	$98,654	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	61	6,885	$406,766	$6,668	$59	113
Community Living Supports in Independent living/own home		H0043		Per diem	15	776	$81,573	$5,438	$105	52
Respite		H0045		Per Diem	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-Non-enrolled Service		H2011		15 Minutes	653	3,119	$96,346	$148	$31	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	453	72,192	$282,271	$623	$4	159
Community Living Supports (15 Minutes)		H2015		15 Minutes	217	300,112	$909,339	$4,191	$3	1,383

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	27	4,282	$78,106	$2,893	$18	159
Community Living Supports (Daily)		H2016	TF	Per Diem	18	2,680	$130,688	$7,260	$49	149
Community Living Supports (Daily)		H2016	TG	Per Diem	45	9,030	$874,561	$19,435	$97	201
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	3	48	$15,538	$5,179	$324	16
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	25	24,597	$55,589	$2,224	$2	984
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	150	191,040	$618,970	$4,126	$3	1,274
Medication Review		M0064		Encounter Face-to-Face	445	673	$82,550	$186	$123	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	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	10	109	$62,820	$6,282	$576	11
Environmental Modification		S5165		Service	1	1	$918	$918	$918	1
Enhanced Medical Equipment-Supplies		S5199		Items	2	2	$1,153	$577	$577	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	20	39	$3,491	$175	$90	2
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	3	3	$363	$121	$121	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
Assessment		T1001		Encounter	348	811	$122,064	$351	$151	2
Health Services		T1002		Up to 15 min	927	4,114	$227,998	$246	$55	4
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	11	11,643	$12,807	$1,164	$1	1,058
Family Psycho-Education		T1015		Encounter	35	82	$7,563	$216	$92	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	200	4,987	$353,578	$1,768	$71	25
Targeted Case Management		T1017		15 minutes	1,010	50,892	$3,608,243	$3,573	$71	50
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	131	777	$55,089	$421	$71	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	77	12,842	$227,712	$2,957	$18	167
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	7	1,613	$76,619	$10,946	$48	230
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	102	2,854	$315,132	$3,090	$110	28
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	44	61	$4,114	$94	$67	1
Transportation		T2001			3	71	$30	$10	$0	24
Transportation		T2002		Per Diem	214	6,179	$111,222	$520	$18	29
Transportation		T2003		Encounter / Trip	25	795	$9,540	$382	$12	32
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	121	158	$117,375	$970	$743	1
Fiscal Intermediary Services		T2025		Month	6	28	$2,800	$467	$100	5
Enhanced Medical Equipment-Supplies		T2028		Items	3	3	$232	$77	$77	1
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	$1,574	$787	$787	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	2	9	$1,665	$833	$185	5

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	8	9	$2,659	$332	$295	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			90	0	$191,959	$2,133	$0	0
Total Population and Cost					**5,695**		**$16,639,861**			

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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	198	$117,870	$39,290	$595	66
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	48	341	$237,241	$4,943	$696	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
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	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	31	322	$38,498	$1,242	$120	10
Medication Administration		90782		Encounter	7	24	$3,161	$452	$132	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	109	136	$84,851	$778	$624	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	116	469	$60,930	$525	$130	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	327	1,632	$319,789	$978	$196	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	16	57	$17,336	$1,084	$304	4
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	4	5	$1,441	$360	$288	1
Therapy-Family Therapy		90847		Encounter	38	115	$37,966	$999	$330	3
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	33	291	$110,641	$3,353	$380	9
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	345	1,871	$298,429	$865	$160	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1	1	$406	$406	$406	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
Assessments-Testing		96100		Hour	1	1	$622	$622	$622	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			3	12	$2,702	$901	$225	4
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	4	12	$2,320	$580	$193	3
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	4	4	$7,879	$1,970	$1,970	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	16	148	$14,999	$937	$101	9
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

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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		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	21	251	$43,088	$2,052	$172	12
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	6	$173	$173	$29	6
Occupational or Physical Therapy		97532		15 Minutes	5	83	$7,191	$1,438	$87	17
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	1	1	$29	$29	$29	1
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
Occupational Therapy		97760		15 Minutes	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	6	6	$871	$145	$145	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	9	52	$14,473	$1,608	$278	6
Medication administration		G0351			19	68	$8,321	$438	$122	4
Assessment		H0002		Encounter	5	7	$205	$41	$29	1
Crisis Residential Services		H0018		Days	34	727	$175,926	$5,174	$242	21
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	88	133	$41,779	$475	$314	2
Treatment Planning		H0032		Encounter	77	109	$28,427	$369	$261	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	5	925	$51,672	$10,334	$56	185
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	$65,222	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	32	11,861	$490,627	$15,332	$41	371
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
Behavior Management Review		H2000		Encounter	8	18	$6,716	$840	$373	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	241	2,511	$163,216	$677	$65	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	41	46,707	$188,125	$4,588	$4	1,139
Community Living Supports (15 Minutes)		H2015		15 Minutes	194	50,227	$513,385	$2,646	$10	259

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	10	801	$21,310	$2,131	$27	80
Community Living Supports (Daily)		H2016	TF	Per Diem	2	66	$2,897	$1,448	$44	33
Community Living Supports (Daily)		H2016	TG	Per Diem	18	4,399	$723,455	$40,192	$164	244
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	38	9,226	$133,509	$3,513	$14	243
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	37	50,765	$146,100	$3,949	$3	1,372
Medication Review		M0064		Encounter Face-to-Face	174	807	$113,033	$650	$140	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	3	46	$2,589	$863	$56	15
Family Training		S5111		Encounter	3	7	$1,693	$564	$242	2
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	104	$412	$412	$4	104
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
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	4	$1,112	$556	$278	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	21	22	$4,342	$207	$197	1
Health Services		T1002		Up to 15 min	67	1,794	$166,455	$2,484	$93	27
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	2	386	$3,270	$1,635	$8	193
Family Psycho-Education		T1015		Encounter	4	13	$1,655	$414	$127	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	81	882	$99,786	$1,232	$113	11
Targeted Case Management		T1017		15 minutes	146	3,180	$297,171	$2,035	$93	22
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	11	433	$40,475	$3,680	$93	39
Personal Care in Licensed Specialized Residential Setting		T1020		Days	28	5,174	$58,773	$2,099	$11	185
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	92	$3,998	$3,998	$43	92
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	228	330	$112,186	$492	$340	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	15	125	$3,251	$217	$26	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
PASRR Level II Screens		T2011		Evaluation	29	30	$11,874	$409	$396	1
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	2	2	$492	$246	$246	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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			34	0	$71,049	$2,090	$0	0
Total Population and Cost					**705**		**$5,177,411**			

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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	359	70,605	$32,607,962	$90,830	$462	197
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	14	591	$333,324	$23,809	$564	42
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1,345	12,590	$6,588,133	$4,898	$523	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4,584	36,619	$32,334,768	$7,054	$883	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				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	2,482	3,743	$1,206,556	$486	$322	2
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
Extended Observation Beds	0762			Hour	7	8	$2,000	$286	$250	1
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	430	4,083	$1,213,789	$2,823	$297	9
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
Medication Administration		90782		Encounter	1,471	4,091	$127,208	$86	$31	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	17,505	27,722	$4,616,804	$264	$167	2
Assessment-Psychiatric Assessment		90802		Encounter	39	40	$4,497	$115	$112	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	8,709	46,972	$2,584,766	$297	$55	5
Therapy-Individual Therapy		90805		Encounter 20-30 Min	189	460	$15,292	$81	$33	2
Therapy-Individual Therapy		90806		Encounter 45-50 Min	9,200	48,592	$4,953,155	$538	$102	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1,004	3,209	$233,171	$232	$73	3
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1,148	2,267	$352,775	$307	$156	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	3	4	$324	$108	$81	1

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811		Encounter 20-30 Min	13	41	$3,258	$251	$79	3
Therapy-Individual Therapy		90812		Encounter 45-50 Min	12	49	$5,057	$421	$103	4
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	8	15	$3,133	$392	$209	2
Therapy-Individual Therapy		90815		Encounter 75-80 Min	3	10	$400	$133	$40	3
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	5	5	$311	$62	$62	1
Therapy-Individual Therapy		90818		Encounter 45-50 Min	8	9	$924	$116	$103	1
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
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	194	714	$29,520	$152	$41	4
Therapy-Family Therapy		90847		Encounter	356	855	$81,402	$229	$95	2
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	3,623	27,450	$1,026,689	$283	$37	8
Therapy-Group Therapy		90857		Encounter	199	1,592	$63,778	$320	$40	8
Medication Review		90862		Encounter	19,592	100,666	$6,479,505	$331	$64	5
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1,883	2,914	$85,151	$45	$29	2
Speech & Language Therapy		92506		Encounter	2	2	$247	$123	$123	1
Speech & Language Therapy		92507		Encounter	1	1	$225	$225	$225	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
Assessments-Testing		96100		Hour	16	74	$4,950	$309	$67	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			47	147	$23,964	$510	$163	3
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	1,782	20,903	$2,595,494	$1,457	$124	12
Assessments-Other		96111		Encounter	16	33	$6,181	$386	$187	2
Assessments-Testing		96115		Hour	11	21	$2,272	$207	$108	2
Neurobehavioral Status Exam (Children's Waiver)		96116			7	12	$668	$95	$56	2
Assessments-Testing		96117		Hour	1	1	$134	$134	$134	1
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	153	163	$38,711	$253	$237	1
Occupational Therapy		97004		Encounter	56	60	$10,375	$185	$173	1
Occupational or Physical Therapy		97110		15 Minutes	7	8	$274	$39	$34	1
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

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Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	2	8	$88	$44	$11	4
Occupational or Physical Therapy		97150		Encounter	858	8,720	$138,884	$162	$16	10
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	57	330	$14,281	$251	$43	6
Occupational or Physical Therapy		97532		15 Minutes	2	134	$18,670	$9,335	$139	67
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	686	2,666	$61,411	$90	$23	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	1	1	$55	$55	$55	1
Additional Codes-Physician Services		99213		Encounter	5	5	$325	$65	$65	1
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	3	$390	$390	$130	3
Additional Codes-Physician Services		99222			662	779	$45,730	$69	$59	1
Additional Codes-Physician Services		99223			3	4	$260	$87	$65	1
Additional Codes-Physician Services		99231			7	44	$2,908	$415	$66	6
Additional Codes-Physician Services		99232			672	3,697	$206,633	$307	$56	6
Additional Codes-Physician Services		99233			1	1	$75	$75	$75	1
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	11	12	$1,080	$98	$90	1
Additional Codes-Physician Services		99243		Encounter	11	11	$1,140	$104	$104	1
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	1	1	$100	$100	$100	1
Additional Codes-Physician Services		99251		Encounter	37	38	$1,524	$41	$40	1
Additional Codes-Physician Services		99252		Encounter	31	32	$2,374	$77	$74	1
Additional Codes-Physician Services		99253		Encounter	309	385	$25,031	$81	$65	1
Additional Codes-Physician Services		99254		Encounter	64	71	$6,290	$98	$89	1
Additional Codes-Physician Services		99255		Encounter	3	3	$359	$120	$120	1
Additional Codes-Physician Services		99261		Encounter	3	4	$99	$33	$25	1
Additional Codes-Physician Services		99262		Encounter	4	4	$315	$79	$79	1
Additional Codes-Physician Services		99263		Encounter	27	61	$4,024	$149	$66	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	204	528	$49,447	$242	$94	3
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			10	10	$490	$49	$49	1
Transportation		A0130			1	1	$22	$22	$22	1
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	1,119	22,549	$166,225	$149	$7	20
Additional Codes-Transportation		A0427		Refer to code descriptions.	1	1	$150	$150	$150	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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			106	238	$1,554	$15	$7	2
Assessment		H0002		Encounter	1,384	1,959	$72,265	$52	$37	1
Crisis Residential Services		H0018		Days	162	1,476	$486,440	$3,003	$330	9
Peer Directed and Operated Support Services		H0023		Encounter	315	8,915	$263,321	$836	$30	28
Prevention Services - Direct Model		H0025		Face to Face Contact	9	39	$5,066	$563	$130	4
Assessment		H0031		Encounter	11,113	21,766	$2,336,464	$210	$107	2
Treatment Planning		H0032		Encounter	11,159	26,864	$2,619,353	$235	$98	2
Health Services		H0034		15 Minutes	2,683	8,939	$222,683	$83	$25	3
Home Based Services		H0036		15 Minutes	129	15,729	$855,790	$6,634	$54	122
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	744	148,804	$258,745	$348	$2	200
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1,252	285,603	$9,570,336	$7,644	$34	228
Community Living Supports in Independent living/own home		H0043		Per diem	678	24,540	$1,280,034	$1,888	$52	36
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	89	190	$7,647	$86	$40	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1,811	12,834	$448,378	$248	$35	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	2,389	2,653,941	$8,709,527	$3,646	$3	1,111
Community Living Supports (15 Minutes)		H2015		15 Minutes	580	1,976,712	$2,795,118	$4,819	$1	3,408

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	3,206	610,395	$38,039,212	$11,865	$62	190
Community Living Supports (Daily)		H2016	TF	Per Diem	828	27,128	$1,453,435	$1,755	$54	33
Community Living Supports (Daily)		H2016	TG	Per Diem	82	2,868	$357,056	$4,354	$124	35
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	2	30	$4,559	$2,280	$152	15
Supported Employment Services		H2023		15 minutes	284	41,985	$264,274	$931	$6	148
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	860	1,205,740	$5,782,442	$6,724	$5	1,402
Medication Review		M0064		Encounter Face-to-Face	1,679	6,044	$146,628	$87	$24	4
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	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	298	993	$19,535	$66	$20	3
Foster Care		S5140		Days	1	31	$4,926	$4,926	$159	31
Foster Care		S5145		Days	2	461	$84,916	$42,458	$184	231
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
Health Services		S9445		Encounter	7,092	31,295	$1,183,245	$167	$38	4
Health Services		S9446		Encounter	738	21,394	$295,991	$401	$14	29
Health Services		S9470		Encounter	1	1	$66	$66	$66	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	2,945	20,005	$1,013,259	$344	$51	7
Reidential Room and Board		S9976		Days	1	48	$672	$672	$14	48
Assessment		T1001		Encounter	6,823	14,339	$746,286	$109	$52	2
Health Services		T1002		Up to 15 min	3,338	15,346	$805,432	$241	$52	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	2	2	$232	$116	$116	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	208	2,316	$345,129	$1,659	$149	11
Targeted Case Management		T1017		15 minutes	15,472	490,379	$16,066,825	$1,038	$33	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	2,928	537,607	$20,388,954	$6,963	$38	184
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	443	11,660	$614,517	$1,387	$53	26
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	46	1,952	$219,543	$4,773	$112	42
Assessments		T1023		Encounter	2,187	4,183	$293,211	$134	$70	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	21	22	$14,193	$676	$645	1
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	2,916	6,290	$721,978	$248	$115	2
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	342	1,590	$246,868	$722	$155	5
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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					**33,763**		**$217,475,694**			

Genesee

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	74	15,985	$6,065,668	$81,968	$379	216
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	1	177	$67,164	$67,164	$379	177
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	1,029	11,543	$6,092,525	$5,921	$528	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	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	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	272	1,950	$485,784	$1,786	$249	7
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	376	3,743	$108,521	$289	$29	10
Medication Administration		90782		Encounter	315	1,047	$30,402	$97	$29	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	3,185	3,544	$566,949	$178	$160	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	38	64	$2,788	$73	$44	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	749	3,794	$238,953	$319	$63	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	6	$552	$552	$92	6
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	$92	$92	$92	1

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	4	5	$485	$121	$97	1
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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	50	503	$32,665	$653	$65	10
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	2	$260	$260	$130	2
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	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	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	$93	$93	$93	1
Therapy-Family Therapy		90847		Encounter	6	17	$1,559	$260	$92	3
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	38	418	$11,035	$290	$26	11
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	3,412	12,348	$1,564,389	$458	$127	4
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	6	9	$1,862	$310	$207	2
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	14	27	$5,586	$399	$207	2
Assessments-Testing		96100		Hour	4	10	$2,023	$506	$202	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			2	9	$1,500	$750	$167	5
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	10	11	$2,276	$228	$207	1
Assessments-Other		96111		Encounter	1	2	$0	$0	$0	2
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	7	7	$1,448	$207	$207	1
Physical Therapy		97002		Encounter	7	15	$3,103	$443	$207	2
Occupational Therapy		97003		Encounter	84	88	$18,205	$217	$207	1
Occupational Therapy		97004		Encounter	47	84	$17,378	$370	$207	2
Occupational or Physical Therapy		97110		15 Minutes	1	5	$1,034	$1,034	$207	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	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	58	61	$12,620	$218	$207	1
Assessment or Health Services		97803		15 Minutes	60	105	$21,722	$362	$207	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	14	16	$2,940	$210	$184	1
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			14	18	$695	$50	$39	1
Additional Codes-Physician Services		99222			6	6	$341	$57	$57	1
Additional Codes-Physician Services		99223			10	10	$772	$77	$77	1
Additional Codes-Physician Services		99231			28	158	$3,138	$112	$20	6
Additional Codes-Physician Services		99232			27	41	$1,169	$43	$29	2
Additional Codes-Physician Services		99233			1	1	$39	$39	$39	1
Additional Codes-Physician Services		99238		30 Minutes or less	2	2	$57	$28	$28	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	25	30	$1,263	$51	$42	1
Additional Codes-Physician Services		99253		Encounter	62	63	$3,391	$55	$54	1
Additional Codes-Physician Services		99254		Encounter	11	12	$918	$83	$76	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	2	4	$120	$60	$30	2
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

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	106	1,244	$83,379	$787	$67	12
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
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	63	2,692	$11,091	$176	$4	43
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			63	70	$8,348	$133	$119	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	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	3,029	3,350	$853,178	$282	$255	1
Crisis Residential Services		H0018		Days	542	3,292	$812,597	$1,499	$247	6
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	2,269	3,169	$391,063	$172	$123	1
Treatment Planning		H0032		Encounter	347	457	$40,090	$116	$88	1
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	158	2,802	$753,645	$4,770	$269	18
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	420	81,704	$4,096,775	$9,754	$50	195
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
Behavior Management Review		H2000		Encounter	66	87	$7,224	$109	$83	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1,779	17,543	$775,926	$436	$44	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	136	273,258	$775,957	$5,706	$3	2,009
Community Living Supports (15 Minutes)		H2015		15 Minutes	66	74,243	$297,033	$4,501	$4	1,125

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	23	4,708	$120,054	$5,220	$26	205
Community Living Supports (Daily)		H2016	TF	Per Diem	63	13,130	$633,129	$10,050	$48	208
Community Living Supports (Daily)		H2016	TG	Per Diem	160	42,558	$4,788,626	$29,929	$113	266
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	30	$2,774	$2,774	$92	30
Supported Employment Services		H2023		15 minutes	36	8,752	$54,437	$1,512	$6	243
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	179	226,528	$1,109,396	$6,198	$5	1,266
Medication Review		M0064		Encounter Face-to-Face	503	1,465	$224,627	$447	$153	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	1	1	$172	$172	$172	1
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	1	1	$559	$559	$559	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	142	252	$47,771	$336	$190	2
Health Services		S9446		Encounter	37	238	$16,209	$438	$68	6
Health Services		S9470		Encounter	71	141	$29,009	$409	$206	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	606	2,991	$418,620	$691	$140	5
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	413	420	$31,651	$77	$75	1
Health Services		T1002		Up to 15 min	313	3,330	$377,112	$1,205	$113	11
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	8	11,286	$34,197	$4,275	$3	1,411
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	20	311	$18,477	$924	$59	16
Targeted Case Management		T1017		15 minutes	2,985	157,927	$8,907,246	$2,984	$56	53
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	6	42	$3,029	$505	$72	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	28	5,647	$165,431	$5,908	$29	202
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	29	5,863	$304,524	$10,501	$52	202
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	14	3,499	$352,769	$25,198	$101	250
Assessments		T1023		Encounter	2,101	3,468	$498,296	$237	$144	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	1	95	$972	$972	$10	95
Transportation		T2003		Encounter / Trip	79	8,783	$169,500	$2,146	$19	111
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	166	170	$7,467	$45	$44	1
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

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	493	1,046	$175,345	$356	$168	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$2,068,396	$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					**11,639**		**$44,839,609**			

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	584	$367,441	$183,721	$629	292
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	25	135	$100,413	$4,017	$744	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
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	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	17	187	$14,934	$878	$80	11
Medication Administration		90782		Encounter	15	68	$4,517	$301	$66	5
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	67	69	$44,448	$663	$644	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		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
Therapy-Individual Therapy		90806		Encounter 45-50 Min	37	110	$22,824	$617	$207	3
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$201	$201	$201	1
Therapy-Individual Therapy		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

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	$221	$221	$221	1
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	23	147	$11,304	$491	$77	6
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	102	397	$105,868	$1,038	$267	4
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
Assessments-Testing		96100		Hour	2	7	$1,607	$803	$230	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			2	6	$1,316	$658	$219	3
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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	1	1	$354	$354	$354	1
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

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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			5	5	$327	$65	$65	1
Additional Codes-Physician Services		99222			2	2	$131	$65	$65	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			6	23	$1,504	$251	$65	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

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	9	120	$7,243	$805	$60	13
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	116	124	$25,744	$222	$208	1
Crisis Residential Services		H0018		Days	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	32	32	$14,245	$445	$445	1
Treatment Planning		H0032		Encounter	27	32	$10,421	$386	$326	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	9	2,570	$97,120	$10,791	$38	286
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	36	22,636	$71,077	$1,974	$3	629
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	28	6,008	$236,235	$8,437	$39	215
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
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-Non-enrolled Service		H2011		15 Minutes	132	907	$49,141	$372	$54	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13	3,426	$7,948	$611	$2	264
Community Living Supports (15 Minutes)		H2015		15 Minutes	29	1,615	$7,510	$259	$5	56

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	1	27	$334	$334	$12	27
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	6	899	$145,782	$24,297	$162	150
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	23	1,717	$70,929	$3,084	$41	75
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
Medication Review		M0064		Encounter Face-to-Face	1	1	$31	$31	$31	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	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
Health Services		S9445		Encounter	3	3	$362	$121	$121	1
Health Services		S9446		Encounter	9	51	$19,392	$2,155	$380	6
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
Assessment		T1001		Encounter	2	2	$1,079	$540	$540	1
Health Services		T1002		Up to 15 min	6	31	$1,774	$296	$57	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	121	5,157	$179,567	$1,484	$35	43
Targeted Case Management		T1017		15 minutes	28	1,337	$47,437	$1,694	$35	48
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	9	149	$5,188	$576	$35	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	7	938	$15,618	$2,231	$17	134
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	38	41	$15,612	$411	$381	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
PASRR Level II Screens		T2011		Evaluation	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

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	3	3	$985	$328	$328	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			15	0	$41,155	$2,744	$0	0
Total Population and Cost					**347**		**$1,749,339**			

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	215	$123,872	$123,872	$576	215
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	41	370	$240,104	$5,856	$649	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	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
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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	26	239	$75,909	$2,920	$318	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	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	91	94	$30,833	$339	$328	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	38	58	$2,929	$77	$51	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	168	2,004	$199,478	$1,187	$100	12
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	8	12	$1,790	$224	$149	2
Therapy-Individual Therapy		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

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	$93	$93	$93	1
Therapy-Family Therapy		90847		Encounter	15	21	$1,893	$126	$90	1
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	11	235	$29,058	$2,642	$124	21
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	265	1,064	$186,157	$702	$175	4
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
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			1	2	$422	$422	$211	2
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	18	22	$6,414	$356	$292	1
Crisis Residential Services		H0018		Days	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	212	222	$57,323	$270	$258	1
Treatment Planning		H0032		Encounter	12	12	$2,220	$185	$185	1
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
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-Non-enrolled Service		H2011		15 Minutes	55	233	$37,553	$683	$161	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	333	$2,161	$2,161	$6	333

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	3	41	$2,368	$789	$58	14
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
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	11	527	$2,024	$184	$4	48
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	39	30,873	$141,707	$3,634	$5	792
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
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
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
Assessment		T1001		Encounter	15	15	$4,530	$302	$302	1
Health Services		T1002		Up to 15 min	153	1,489	$114,072	$746	$77	10
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	214	6,663	$337,747	$1,578	$51	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	34	122	$6,184	$182	$51	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3	41	$923	$308	$23	14
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	29	34	$21,215	$732	$624	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
PASRR Level II Screens		T2011		Evaluation	134	325	$110,624	$826	$340	2
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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					**564**		**$1,739,601**			

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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	12	1,354	$535,104	$44,592	$395	113
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	72	660	$478,026	$6,639	$724	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	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
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	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
Medication Administration		90782		Encounter	74	335	$50,559	$683	$151	5
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	154	157	$97,811	$635	$623	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		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
Therapy-Individual Therapy		90806		Encounter 45-50 Min	310	1,806	$337,402	$1,088	$187	6
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	5	$458	$458	$92	5
Therapy-Family Therapy		90849		Encounter	10	11	$1,609	$161	$146	1
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	117	924	$188,912	$1,615	$204	8
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	540	2,058	$465,601	$862	$226	4
Additional Codes-ECT Physician		90870		Encounter	1	10	$5,289	$5,289	$529	10
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	3	3	$260	$87	$87	1
Speech & Language Therapy		92507		Encounter	5	14	$858	$172	$61	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
Assessments-Testing		96100		Hour	6	16	$6,508	$1,085	$407	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	3	3	$130	$43	$43	1
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	5	22	$572	$114	$26	4
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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	26	107	$29,361	$1,129	$274	4
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	319	359	$149,353	$468	$416	1
Crisis Residential Services		H0018		Days	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	272	294	$67,348	$248	$229	1
Treatment Planning		H0032		Encounter	100	118	$16,597	$166	$141	1
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	28	1,656	$31,169	$1,113	$19	59
Peer Directed and Operated Support Services		NA			0	0	$109,847	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	514	13,323	$669,249	$1,302	$50	26
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
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-Non-enrolled Service		H2011		15 Minutes	470	2,957	$269,640	$574	$91	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	97	54,290	$273,857	$2,823	$5	560
Community Living Supports (15 Minutes)		H2015		15 Minutes	94	4,057	$28,184	$300	$7	43

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	1	150	$6,625	$6,625	$44	150
Community Living Supports (Daily)		H2016	TF	Per Diem	1	334	$19,396	$19,396	$58	334
Community Living Supports (Daily)		H2016	TG	Per Diem	13	3,170	$684,784	$52,676	$216	244
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	35	9,241	$91,534	$2,615	$10	264
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
Medication Review		M0064		Encounter Face-to-Face	381	695	$56,485	$148	$81	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	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
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	67	750	$94,205	$1,406	$126	11
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	2	$854	$427	$427	1
Health Services		T1002		Up to 15 min	8	92	$9,521	$1,190	$103	12
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	34	26,708	$179,999	$5,294	$7	786
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	277	2,843	$130,827	$472	$46	10
Targeted Case Management		T1017		15 minutes	313	6,331	$452,310	$1,445	$71	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	14	3,505	$54,594	$3,900	$16	250
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	176	194	$111,763	$635	$576	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
PASRR Level II Screens		T2011		Evaluation	201	854	$155,955	$776	$183	4
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

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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)					143	0	$157,845	$1,104	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**789**		**$6,020,401**			

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 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	4	$2,776	$2,776	$694	4
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	17	145	$127,805	$7,518	$881	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	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
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	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	17	145	$2,224	$131	$15	9
Medication Administration		90782		Encounter	5	13	$355	$71	$27	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	64	69	$13,893	$217	$201	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	15	15	$1,128	$75	$75	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	243	1,537	$199,741	$822	$130	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	19	28	$4,224	$222	$151	1
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	8	$1,008	$336	$126	3
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	37	356	$12,621	$341	$35	10
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	284	649	$46,998	$165	$72	2
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
Assessments-Testing		96100		Hour	7	32	$6,275	$896	$196	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			4	19	$4,111	$1,028	$216	5
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$209	$209	$209	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

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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		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 Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	4	$221	$221	$55	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
Occupational Therapy		97760		15 Minutes	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	54	54	$22,926	$425	$425	1
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	234	504	$67,555	$289	$134	2
Additional Codes-Physician Services		99215		Encounter	39	53	$15,003	$385	$283	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			15	23	$3,792	$253	$165	2
Additional Codes-Physician Services		99223			1	1	$246	$246	$246	1
Additional Codes-Physician Services		99231			19	134	$6,749	$355	$50	7
Additional Codes-Physician Services		99232			9	20	$864	$96	$43	2
Additional Codes-Physician Services		99233			1	2	$0	$0	$0	2
Additional Codes-Physician Services		99238		30 Minutes or less	13	14	$846	$65	$60	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	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	1	1	$392	$392	$392	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	3	1,091	$738	$246	$1	364
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			8	21	$91	$11	$4	3
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	58	955	$559,999	$9,655	$586	16
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	11	51	$2,822	$257	$55	5
Assessment		H0031		Encounter	95	98	$28,277	$298	$289	1
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	25	$1,162	$1,162	$46	25
Home Based Services		H0036		15 Minutes	1	56	$2,958	$2,958	$53	56
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	$81,643	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	68	12,610	$735,606	$10,818	$58	185
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	2	6	$574	$287	$96	3
Behavior Management Review		H2000		Encounter	4	4	$738	$184	$184	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	228	1,388	$89,137	$391	$64	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	42	15,173	$190,334	$4,532	$13	361
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	35,040	$119,543	$119,543	$3	35,040

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	4	480	$10,022	$2,506	$21	120
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	28	$6,841	$6,841	$244	28
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	48	50,274	$307,284	$6,402	$6	1,047
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
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
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
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
Assessment		T1001		Encounter	1	1	$209	$209	$209	1
Health Services		T1002		Up to 15 min	1	84	$2,232	$2,232	$27	84
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	1	64	$79	$79	$1	64
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	6	160	$11,644	$1,941	$73	27
Targeted Case Management		T1017		15 minutes	167	7,048	$309,772	$1,855	$44	42
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	27	927	$41,348	$1,531	$45	34
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	480	$1,466	$366	$3	120
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	1	28	$2,908	$2,908	$104	28
Assessments		T1023		Encounter	84	138	$40,304	$480	$292	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
PASRR Level II Screens		T2011		Evaluation	0	0	$83,885	$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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	11	11	$4,143	$377	$377	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					6	0	$883	$147	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$9,668	$0	$0	0
Total Population and Cost					**685**		**$3,188,272**			

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	2	77	$39,116	$19,558	$508	39
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	8	120	$67,775	$8,472	$565	15
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	40	362	$204,454	$5,111	$565	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	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
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	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
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	169	171	$87,353	$517	$511	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	72	96	$4,264	$59	$44	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	481	2,735	$214,485	$446	$78	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	31	54	$6,850	$221	$127	2
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	12	24	$1,885	$157	$79	2
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	280	1,854	$80,871	$289	$44	7
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	343	1,298	$229,887	$670	$177	4
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
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	2	5	$1,599	$800	$320	3
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	25	26	$3,301	$132	$127	1
Crisis Residential Services		H0018		Days	12	56	$14,617	$1,218	$261	5
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	580	602	$51,690	$89	$86	1
Treatment Planning		H0032		Encounter	445	482	$41,386	$93	$86	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	72	3,695	$221,664	$3,079	$60	51
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	$76,086	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	30	2,798	$261,710	$8,724	$94	93
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
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-Non-enrolled Service		H2011		15 Minutes	219	1,617	$99,781	$456	$62	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	3	103	$2,217	$739	$22	34
Community Living Supports (15 Minutes)		H2015		15 Minutes	40	3,835	$40,190	$1,005	$10	96

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	7	1,702	$37,548	$5,364	$22	243
Community Living Supports (Daily)		H2016	TF	Per Diem	1	1	$47	$47	$47	1
Community Living Supports (Daily)		H2016	TG	Per Diem	4	896	$99,430	$24,857	$111	224
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	649	$15,900	$201	$24	8
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
Medication Review		M0064		Encounter Face-to-Face	81	404	$74,373	$918	$184	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	16	53	$16,195	$1,012	$306	3
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
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
Assessment		T1001		Encounter	1	1	$29	$29	$29	1
Health Services		T1002		Up to 15 min	5	90	$3,297	$659	$37	18
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	7	63	$3,022	$432	$48	9
Targeted Case Management		T1017		15 minutes	434	14,471	$847,046	$1,952	$59	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	32	$1,854	$463	$58	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	8	2,418	$37,787	$4,723	$16	302
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	5	$340	$340	$68	5
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	175	$25,364	$25,364	$145	175
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
PASRR Level II Screens		T2011		Evaluation	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	17	22	$15,939	$938	$725	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					**1,356**		**$2,929,354**			

Kalamazoo

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	76	5,219	$2,835,477	$37,309	$543	69
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	13	166	$87,817	$6,755	$529	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	242	2,614	$1,991,664	$8,230	$762	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
Extended Observation Beds	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	4	65	$54,600	$13,650	$840	16
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	1	$258	$258	$258	1
Outpatient Partial Hospitalization	0913			Days	1	2	$570	$570	$285	2
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	6	776	$864	$144	$1	129
Medication Administration		90772		Encounter	33	171	$338	$10	$2	5
Medication Administration		90782		Encounter	29	99	$9,739	$336	$98	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	1,028	1,084	$297,160	$289	$274	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		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
Therapy-Individual Therapy		90806		Encounter 45-50 Min	558	5,466	$366,339	$657	$67	10
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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

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Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	10	85	$9,350	$935	$110	9
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	46	$2,829	$943	$62	15
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	58	855	$35,042	$604	$41	15
Therapy-Group Therapy		90857		Encounter	1	6	$252	$252	$42	6
Medication Review		90862		Encounter	1,626	4,834	$505,015	$311	$104	3
Additional Codes-ECT Physician		90870		Encounter	5	55	$6,215	$1,243	$113	11
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
Assessments-Testing		96100		Hour	11	28	$2,968	$270	$106	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			28	57	$5,871	$210	$103	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	1	1	$84	$84	$84	1
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	5	13	$870	$174	$67	3
Neuropsych test by Psych/Phys (Children's Waiver)		96118			2	10	$600	$300	$60	5
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$124	$124	$124	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

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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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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	44	186	$4,902	$111	$26	4
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	2	2	$336	$168	$168	1
Additional Codes-Physician Services		99221			38	42	$6,324	$166	$151	1
Additional Codes-Physician Services		99222			66	68	$4,550	$69	$67	1
Additional Codes-Physician Services		99223			100	105	$7,280	$73	$69	1
Additional Codes-Physician Services		99231			180	1,024	$70,295	$391	$69	6
Additional Codes-Physician Services		99232			175	620	$42,466	$243	$68	4
Additional Codes-Physician Services		99233			94	169	$11,690	$124	$69	2
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	5	5	$434	$87	$87	1
Additional Codes-Physician Services		99254		Encounter	2	2	$226	$113	$113	1
Additional Codes-Physician Services		99255		Encounter	2	2	$226	$113	$113	1
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0

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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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	562	572	$109,220	$194	$191	1
Crisis Residential Services		H0018		Days	274	3,462	$820,197	$2,993	$237	13
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
Treatment Planning		H0032		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	79	1,250	$40,061	$507	$32	16
Peer Directed and Operated Support Services		NA			0	0	$122,742	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	385	80,170	$2,654,448	$6,895	$33	208
Community Living Supports in Independent living/own home		H0043		Per diem	112	27,094	$599,669	$5,354	$22	242
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	10	24	$5,658	$566	$236	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1,007	8,153	$782,568	$777	$96	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	10	21,674	$59,337	$5,934	$3	2,167
Community Living Supports (15 Minutes)		H2015		15 Minutes	56	117,441	$302,279	$5,398	$3	2,097

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Community Living Supports (Daily)		H2016		Per Diem	17	3,668	$78,703	$4,630	$21	216
Community Living Supports (Daily)		H2016	TF	Per Diem	65	14,911	$763,243	$11,742	$51	229
Community Living Supports (Daily)		H2016	TG	Per Diem	101	20,317	$2,194,396	$21,727	$108	201
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	4	5	$713	$178	$143	1
Supported Employment Services		H2023		15 minutes	252	20,180	$502,377	$1,994	$25	80
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	169	134,198	$611,129	$3,616	$5	794
Medication Review		M0064		Encounter Face-to-Face	13	40	$1,800	$138	$45	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
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	184	$57,040	$57,040	$310	184
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
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
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1,738	10,956	$581,583	$335	$53	6
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	10	148	$156,150	$15,615	$1,055	15
Targeted Case Management		T1017		15 minutes	1,107	84,775	$3,054,069	$2,759	$36	77
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	21	406	$64,557	$3,074	$159	19
Personal Care in Licensed Specialized Residential Setting		T1020		Days	72	14,949	$353,878	$4,915	$24	208
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	64	13,064	$813,053	$12,704	$62	204
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	39	8,494	$908,398	$23,292	$107	218
Assessments		T1023		Encounter	98	110	$15,424	$157	$140	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
PASRR Level II Screens		T2011		Evaluation	83	271	$170,067	$2,049	$628	3
Fiscal Intermediary Services		T2025		Month	2	18	$2,250	$1,125	$125	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

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	92	644	$326,262	$3,546	$507	7
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					351	0	$140,507	$400	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			58	0	$48,416	$835	$0	0
Total Population and Cost					**2,944**		**$22,702,969**			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	562	$320,958	$160,479	$571	281
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	3	37	$23,380	$7,793	$632	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	124	1,026	$648,329	$5,228	$632	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
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	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	11	96	$4,660	$424	$49	9
Medication Administration		90782		Encounter	8	25	$1,157	$145	$46	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	277	303	$76,847	$277	$254	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	133	249	$22,701	$171	$91	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	488	4,389	$755,610	$1,548	$172	9
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	32	105	$27,510	$860	$262	3
Therapy-Individual Therapy		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

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Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	21	$3,743	$1,248	$178	7
Therapy-Family Therapy		90847		Encounter	17	48	$8,487	$499	$177	3
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	10	108	$38,426	$3,843	$356	11
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	431	1,634	$249,005	$578	$152	4
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
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			3	8	$1,782	$594	$223	3
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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	11	11	$1,018	$93	$93	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	10	100	$30,973	$3,097	$310	10
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	390	404	$74,837	$192	$185	1
Treatment Planning		H0032		Encounter	309	390	$56,047	$181	$144	1
Health Services		H0034		15 Minutes	2	2	$108	$54	$54	1
Home Based Services		H0036		15 Minutes	1	8	$377	$377	$47	8
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			50	0	$72,190	$1,444	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	45	9,911	$445,301	$9,896	$45	220
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
Behavior Management Review		H2000		Encounter	8	11	$649	$81	$59	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	23	105	$4,917	$214	$47	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	46	16,616	$50,513	$1,098	$3	361
Community Living Supports (15 Minutes)		H2015		15 Minutes	17	27,450	$166,896	$9,817	$6	1,615

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Community Living Supports (Daily)		H2016		Per Diem	11	2,622	$64,921	$5,902	$25	238
Community Living Supports (Daily)		H2016	TF	Per Diem	36	4,037	$195,229	$5,423	$48	112
Community Living Supports (Daily)		H2016	TG	Per Diem	9	2,217	$262,005	$29,112	$118	246
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	6	925	$5,115	$853	$6	154
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	49	101,105	$410,486	$8,377	$4	2,063
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
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
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
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	26	199	$9,053	$348	$45	8
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	1	212	$568	$568	$3	212
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	7	$616	$308	$88	4
Targeted Case Management		T1017		15 minutes	270	7,226	$581,693	$2,154	$81	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	6	$345	$345	$58	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	49	8,354	$79,614	$1,625	$10	170
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	522	$25,923	$12,962	$50	261
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	119	143	$50,160	$422	$351	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
PASRR Level II Screens		T2011		Evaluation	2	2	$209	$105	$105	1
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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					**873**		**$4,772,358**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	8	1,383	$855,145	$106,893	$618	173
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	4	$1,136	$1,136	$284	4
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	138	977	$699,532	$5,069	$716	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
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	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	50	389	$62,240	$1,245	$160	8
Medication Administration		90782		Encounter	27	91	$5,469	$203	$60	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	413	431	$132,192	$320	$307	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	1	$73	$73	$73	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	162	1,396	$205,212	$1,267	$147	9
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$220	$220	$220	1
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	10	$1,470	$1,470	$147	10
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	23	189	$6,927	$301	$37	8
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	910	4,381	$671,870	$738	$153	5
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
Assessments-Testing		96100		Hour	3	9	$2,714	$905	$302	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			5	15	$2,265	$453	$151	3
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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			1	1	$75	$75	$75	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	10	$67	$67	$7	10
Additional Codes-Physician Services		99232			1	1	$45	$45	$45	1
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	15	65	$15,241	$1,016	$234	4
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	25	6,500	$60,088	$2,404	$9	260
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	917	1,727	$584,348	$637	$338	2
Treatment Planning		H0032		Encounter	627	711	$240,574	$384	$338	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	2	148	$2,670	$1,335	$18	74
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
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-Non-enrolled Service		H2011		15 Minutes	184	770	$183,645	$998	$239	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13	25,354	$73,780	$5,675	$3	1,950
Community Living Supports (15 Minutes)		H2015		15 Minutes	20	121,018	$520,377	$26,019	$4	6,051

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	3	937	$62,273	$20,758	$66	312
Community Living Supports (Daily)		H2016	TG	Per Diem	11	2,733	$428,097	$38,918	$157	248
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	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	96	122,973	$729,230	$7,596	$6	1,281
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
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
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
Assessment		T1001		Encounter	16	18	$3,649	$228	$203	1
Health Services		T1002		Up to 15 min	401	1,241	$165,053	$412	$133	3
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	14	221	$34,255	$2,447	$155	16
Targeted Case Management		T1017		15 minutes	301	11,223	$1,502,550	$4,992	$134	37
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	8	1,794	$45,083	$5,635	$25	224
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	1,511	$95,752	$19,150	$63	302
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	365	$54,210	$54,210	$149	365
Assessments		T1023		Encounter	177	221	$49,851	$282	$226	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
PASRR Level II Screens		T2011		Evaluation	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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					**4,582**		**$7,497,378**			

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	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	114	2,858	$1,699,852	$14,911	$595	25
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	252	3,287	$2,179,255	$8,648	$663	13
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
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	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
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	840	855	$88,114	$105	$103	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	150	387	$20,752	$138	$54	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,291	5,682	$551,710	$427	$97	4
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	14	8	$894	$64	$112	1
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	76	838	$43,158	$568	$52	11
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,660	6,457	$591,687	$356	$92	4
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
Assessments-Testing		96100		Hour	9	30	$1,800	$200	$60	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	$0	$0	$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	4	13	$1,792	$448	$138	3
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$561	$187	$187	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

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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 Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	17	218	$7,185	$423	$33	13
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	4	$133	$133	$33	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	59	497	$14,613	$248	$29	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

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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	6	394	$1,905	$317	$5	66
Additional Codes-Transportation		A0427		Refer to code descriptions.	6	6	$1,251	$209	$209	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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2,132	1,885	$508,923	$239	$270	1
Crisis Residential Services		H0018		Days	155	840	$228,632	$1,475	$272	5
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	12	12	$3,795	$316	$316	1
Assessment		H0031		Encounter	364	380	$52,324	$144	$138	1
Treatment Planning		H0032		Encounter	7	65	$2,606	$372	$40	9
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	7	1,062	$44,625	$6,375	$42	152
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	111	12,639	$59,098	$532	$5	114
Peer Directed and Operated Support Services		NA			0	0	$88,431	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	418	143,069	$4,003,623	$9,578	$28	342
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
Behavior Management Review		H2000		Encounter	60	96	$5,681	$95	$59	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	284	8,134	$85,822	$302	$11	29
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	120	66,365	$287,081	$2,392	$4	553
Community Living Supports (15 Minutes)		H2015		15 Minutes	6	912	$5,680	$947	$6	152

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	14	2,483	$171,134	$12,224	$69	177
Community Living Supports (Daily)		H2016	TF	Per Diem	10	1,882	$114,984	$11,498	$61	188
Community Living Supports (Daily)		H2016	TG	Per Diem	33	7,801	$853,962	$25,878	$109	236
Behavior Services		H2019		15 Minutes	11	287	$6,853	$623	$24	26
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	4	234	$997	$249	$4	59
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	60	79,824	$267,386	$4,456	$3	1,330
Medication Review		M0064		Encounter Face-to-Face	551	1,278	$122,990	$223	$96	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	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
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	25	183	$12,121	$485	$66	7
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	459	989	$152,355	$332	$154	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	235	236	$31,081	$132	$132	1
Health Services		T1002		Up to 15 min	28	874	$29,015	$1,036	$33	31
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	3	4,784	$25,375	$8,458	$5	1,595
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	49	2,275	$53,920	$1,100	$24	46
Targeted Case Management		T1017		15 minutes	890	52,614	$1,247,427	$1,402	$24	59
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	14	2,809	$101,341	$7,239	$36	201
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	754	$32,317	$6,463	$43	151
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	5	1,031	$88,141	$17,628	$85	206
Assessments		T1023		Encounter	625	645	$99,038	$158	$154	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	773	4,009	$241,879	$313	$60	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
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	55	732	$62,230	$1,131	$85	13
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

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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			753	0	$213,758	$284	$0	0
Total Population and Cost					**4,065**		**$14,509,287**			

Livingston

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	233	$98,506	$49,253	$423	117
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	15	149	$100,326	$6,688	$673	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	100	1,012	$681,400	$6,814	$673	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	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
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	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	55	73	$4,677	$85	$64	1
Medication Administration		90782		Encounter	0	0	$0	$0	$0	0
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	152	156	$42,276	$278	$271	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	98	304	$25,852	$264	$85	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	268	3,064	$499,861	$1,865	$163	11
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	13	18	$4,584	$353	$255	1
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	2	6	$926	$463	$154	3
Therapy-Family Therapy		90847		Encounter	12	30	$4,455	$371	$149	3
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	137	1,689	$185,030	$1,351	$110	12
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	526	2,882	$388,263	$738	$135	5
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
Assessments-Testing		96100		Hour	3	7	$3,869	$1,290	$553	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			1	2	$1,180	$1,180	$590	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	2	$438	$438	$219	2
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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	1	3	$1,355	$1,355	$452	3
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	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	323	331	$165,344	$512	$500	1
Treatment Planning		H0032		Encounter	101	139	$24,230	$240	$174	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	47	2,661	$155,775	$3,314	$59	57
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	71	14,122	$779,252	$10,975	$55	199
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
Behavior Management Review		H2000		Encounter	6	13	$271	$45	$21	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	252	912	$69,659	$276	$76	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	20	12,559	$48,729	$2,436	$4	628
Community Living Supports (15 Minutes)		H2015		15 Minutes	118	168,959	$564,323	$4,782	$3	1,432

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	11	2,202	$385,724	$35,066	$175	200
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	11	10,119	$30,661	$2,787	$3	920
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	54	58,163	$391,437	$7,249	$7	1,077
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	4	96	$8,671	$2,168	$90	24
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	28	$3,148	$3,148	$112	28
Respite		S5150		15 Minutes	9	3,469	$7,320	$813	$2	385
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
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
Assessment		T1001		Encounter	3	3	$2,686	$895	$895	1
Health Services		T1002		Up to 15 min	204	995	$104,684	$513	$105	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	4	6	$1,545	$386	$258	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	20	530	$59,609	$2,980	$112	27
Targeted Case Management		T1017		15 minutes	344	12,137	$1,197,315	$3,481	$99	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	25	343	$33,837	$1,353	$99	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	301	$8,166	$2,042	$27	75
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	181	$10,607	$10,607	$59	181
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	183	$11,644	$11,644	$64	183
Assessments		T1023		Encounter	44	46	$7,269	$165	$158	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	1	$51	$51	$51	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
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	2	18	$6,475	$3,237	$360	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	$66,772	$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					**952**		**$6,188,202**			

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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	30	8,752	$4,802,581	$160,086	$549	292
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	1,060	22,093	$7,271,544	$6,860	$329	21
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	528	4,385	$1,794,181	$3,398	$409	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	1,248	1,819	$208,231	$167	$114	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	21	113	$50,782	$2,418	$449	5
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	348	2,544	$505,221	$1,452	$199	7
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	297	2,392	$174,022	$586	$73	8
Medication Administration		90782		Encounter	212	765	$48,898	$231	$64	4
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	3,862	6,350	$1,583,126	$410	$249	2
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	377	613	$68,012	$180	$111	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,441	20,509	$2,000,282	$819	$98	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	52	69	$17,443	$335	$253	1
Therapy-Individual Therapy		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

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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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	27	$3,956	$198	$147	1
Therapy-Family Therapy		90847		Encounter	214	546	$73,595	$344	$135	3
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	190	1,708	$72,486	$382	$42	9
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	4,354	23,765	$1,719,707	$395	$72	5
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
Assessments-Testing		96100		Hour	16	49	$4,381	$274	$89	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			33	128	$15,361	$465	$120	4
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	44	128	$29,181	$663	$228	3
Assessment or Health Services		97803		15 Minutes	98	526	$89,194	$910	$170	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	1	7	$293	$293	$42	7
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	21	21	$6,038	$288	$288	1
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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			51	2,859	$21,643	$424	$8	56
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	190	1,920	$423,937	$2,231	$221	10
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	1,688	1,783	$528,254	$313	$296	1
Treatment Planning		H0032		Encounter	2,507	4,572	$644,492	$257	$141	2
Health Services		H0034		15 Minutes	733	2,175	$207,330	$283	$95	3
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	234	20,610	$2,453,685	$10,486	$119	88
Community Living Supports in Independent living/own home		H0043		Per diem	65	7,296	$332,802	$5,120	$46	112
Respite		H0045		Per Diem	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-Non-enrolled Service		H2011		15 Minutes	352	2,023	$379,080	$1,077	$187	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	59	98,536	$204,198	$3,461	$2	1,670
Community Living Supports (15 Minutes)		H2015		15 Minutes	104	156,875	$614,309	$5,907	$4	1,508

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	47	7,335	$308,652	$6,567	$42	156
Community Living Supports (Daily)		H2016	TF	Per Diem	98	24,576	$1,696,845	$17,315	$69	251
Community Living Supports (Daily)		H2016	TG	Per Diem	290	78,173	$8,618,800	$29,720	$110	270
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	18	$712	$712	$40	18
Wraparound		H2022		Days	1	2	$460	$460	$230	2
Supported Employment Services		H2023		15 minutes	2	1,443	$3,302	$1,651	$2	722
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	225	303,215	$1,332,830	$5,924	$4	1,348
Medication Review		M0064		Encounter Face-to-Face	1	1	$60	$60	$60	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	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	5	54	$1,899	$380	$35	11
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
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	32	68	$4,032	$126	$59	2
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	33	87	$29,343	$889	$337	3
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	442	510	$161,886	$366	$317	1
Health Services		T1002		Up to 15 min	670	7,932	$799,424	$1,193	$101	12
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4	46	$3,747	$937	$81	12
Targeted Case Management		T1017		15 minutes	2,618	55,250	$4,783,812	$1,827	$87	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	269	65,201	$1,980,137	$7,361	$30	242
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	134	36,352	$2,256,611	$16,840	$62	271
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	17	4,809	$440,412	$25,907	$92	283
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
PASRR Level II Screens		T2011		Evaluation	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	83	1,477	$55,947	$674	$38	18
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					**6,648**		**$48,827,156**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	487	$271,577	$54,315	$558	97
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	3	20	$11,155	$3,718	$558	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	58	394	$239,330	$4,126	$607	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
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	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	16	219	$15,993	$1,000	$73	14
Medication Administration		90782		Encounter	13	71	$5,184	$399	$73	5
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	240	308	$124,867	$520	$405	1
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$929	$929	$929	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	64	101	$7,607	$119	$75	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	195	574	$172,806	$886	$301	3
Therapy-Individual Therapy		90806		Encounter 45-50 Min	257	1,643	$204,000	$794	$124	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	29	42	$21,031	$725	$501	1
Therapy-Individual Therapy		90808		Encounter 75-80 Min	22	45	$6,865	$312	$153	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	2	2	$1,930	$965	$965	1
Therapy-Individual Therapy		90810		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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	$264	$264	$264	1
Therapy-Family Therapy		90847		Encounter	1	1	$153	$153	$153	1
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	50	381	$28,585	$572	$75	8
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	309	1,256	$251,848	$815	$201	4
Additional Codes-ECT Physician		90870		Encounter	1	8	$1,710	$1,710	$214	8
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
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			4	23	$1,822	$456	$79	6
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Medication Administration		99506		Encounter	11	14	$1,153	$105	$82	1
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	4	4	$821	$205	$205	1
Crisis Residential Services		H0018		Days	8	95	$23,468	$2,934	$247	12
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	49	475	$27,905	$569	$59	10
Assessment		H0031		Encounter	35	36	$3,574	$102	$99	1
Treatment Planning		H0032		Encounter	178	284	$36,651	$206	$129	2
Health Services		H0034		15 Minutes	19	141	$7,579	$399	$54	7
Home Based Services		H0036		15 Minutes	1	103	$4,676	$4,676	$45	103
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	44	1,090	$106,868	$2,429	$98	25
Peer Directed and Operated Support Services		NA			0	0	$140,134	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	62	11,509	$654,359	$10,554	$57	186
Community Living Supports in Independent living/own home		H0043		Per diem	3	176	$22,583	$7,528	$128	59
Respite		H0045		Per Diem	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-Non-enrolled Service		H2011		15 Minutes	110	428	$59,184	$538	$138	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5	273	$3,066	$613	$11	55
Community Living Supports (15 Minutes)		H2015		15 Minutes	55	20,136	$44,425	$808	$2	366

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	3	797	$13,273	$4,424	$17	266
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
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	51	5,952	$115,956	$2,274	$19	117
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
Medication Review		M0064		Encounter Face-to-Face	39	45	$2,420	$62	$54	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	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
Health Services		S9445		Encounter	1	1	$311	$311	$311	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	92	137	$64,771	$704	$473	1
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	10	11	$457	$46	$42	1
Health Services		T1002		Up to 15 min	50	76	$65,391	$1,308	$860	2
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	2	604	$1,175	$588	$2	302
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	397	13,089	$684,021	$1,723	$52	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	20	341	$17,821	$891	$52	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3	797	$26,550	$8,850	$33	266
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	67	84	$99,064	$1,479	$1,179	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
PASRR Level II Screens		T2011		Evaluation	61	112	$26,284	$431	$235	2
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Housing Assistance		T2038		Month	3	3	$193	$64	$64	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					**877**		**$3,621,789**			

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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	11	2,172	$921,058	$83,733	$424	197
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	1	2	$1,046	$1,046	$523	2
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	217	1,286	$775,998	$3,576	$603	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
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	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	35	351	$4,753	$136	$14	10
Medication Administration		90782		Encounter	30	100	$1,354	$45	$14	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	663	574	$119,656	$180	$208	1
Assessment-Psychiatric Assessment		90802		Encounter	4	5	$1,042	$261	$208	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	179	306	$7,785	$43	$25	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	403	1,871	$102,456	$254	$55	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	2	2	$354	$177	$177	1
Therapy-Individual Therapy		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
Therapy-Individual Therapy		90810		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		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
Therapy-Individual Therapy		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
Therapy-Individual Therapy		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
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	24	3	$229	$10	$76	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	34	106	$2,697	$79	$25	3
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,157	3,201	$566,993	$490	$177	3
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
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			16	4	$3,194	$200	$798	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Assessments-Testing		96115		Hour	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	$0	$0	$0	0
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	22	4	$1,420	$65	$355	0
Occupational Therapy		97004		Encounter	75	10	$3,204	$43	$320	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

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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		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 Therapy		97504		15 Minutes	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
Occupational Therapy		97760		15 Minutes	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	13	12	$4,028	$310	$336	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	217	222	$74,519	$343	$336	1
Crisis Residential Services		H0018		Days	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	873	1,121	$259,089	$297	$231	1
Treatment Planning		H0032		Encounter	248	334	$79,756	$322	$239	1
Health Services		H0034		15 Minutes	8	33	$1,329	$166	$40	4
Home Based Services		H0036		15 Minutes	120	5,480	$168,236	$1,402	$31	46
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			81	1,140	$102,566	$1,266	$90	14
Assertive Community Treatment (ACT)		H0039		15 Minutes	65	32,620	$727,426	$11,191	$22	502
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	21	9	$603	$29	$67	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-Non-enrolled Service		H2011		15 Minutes	291	1,512	$39,887	$137	$26	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	134	14,925	$44,178	$330	$3	111
Community Living Supports (15 Minutes)		H2015		15 Minutes	296	208,707	$747,171	$2,524	$4	705

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Community Living Supports (Daily)		H2016		Per Diem	11	182	$5,950	$541	$33	17
Community Living Supports (Daily)		H2016	TF	Per Diem	47	365	$17,640	$375	$48	8
Community Living Supports (Daily)		H2016	TG	Per Diem	76	2,887	$359,778	$4,734	$125	38
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	33	128	$44,762	$1,356	$350	4
Supported Employment Services		H2023		15 minutes	34	4,927	$63,903	$1,880	$13	145
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	71	71,940	$264,739	$3,729	$4	1,013
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	2	48	$6,104	$3,052	$127	24
Family Training		S5111		Encounter	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
Health Services		S9445		Encounter	30	79	$12,309	$410	$156	3
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
Assessment		T1001		Encounter	146	109	$10,013	$69	$92	1
Health Services		T1002		Up to 15 min	9	191	$2,897	$322	$15	21
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	113	1,841	$11,654	$103	$6	16
Family Psycho-Education		T1015		Encounter	5	11	$1,399	$280	$127	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	146	172	$34,966	$239	$203	1
Targeted Case Management		T1017		15 minutes	967	19,587	$960,546	$993	$49	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	70	376	$18,443	$263	$49	5
Personal Care in Licensed Specialized Residential Setting		T1020		Days	41	3,065	$106,693	$2,602	$35	75
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	25	369	$17,845	$714	$48	15
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	228	198	$58,764	$258	$297	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
PASRR Level II Screens		T2011		Evaluation	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