Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	1	352	$21,363	$21,363	$61	352
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	20	25	$3,895	$195	$156	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	124	489	$44,822	$361	$92	4
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	56	57,794	$365,836	$6,533	$6	1,032
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	143	3,477	$706,839	$4,943	$203	24
Targeted Case Management		T1017		15 minutes	245	4,397	$215,629	$880	$49	18
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	16	142	$6,965	$435	$49	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	30	6,582	$229,119	$7,637	$35	219
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	22	4,972	$240,446	$10,929	$48	226
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	58	15,829	$1,988,756	$34,289	$126	273
Assessments		T1023		Encounter	24	33	$9,794	$408	$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
Out of Home Prevocational Service		T2015		Hour	49	37,251	$110,263	$2,250	$3	760
Targeted Case Management (Children's Waiver)		T2023		Month	5	63	$12,186	$2,437	$193	13
Fiscal Intermediary Services		T2025		Month	6	21	$5,389	$898	$257	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					136	0	$21,046	$155	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**383**		**$12,332,783**			

Montcalm

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	647	$246,944	$123,472	$382	324
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	3	45	$16,923	$5,641	$376	15
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	22	23	$5,880	$267	$256	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4	10	$1,140	$285	$114	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	10	44	$6,538	$654	$149	4
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	16	$3,041	$3,041	$190	16

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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		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
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	4	18	$2,733	$683	$152	5
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	40	161	$16,297	$407	$101	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			7	34	$5,343	$763	$157	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	1	1	$0	$0	$0	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

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Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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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	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	3	3	$565	$188	$188	1
Assessment		H0031		Encounter	62	72	$30,576	$493	$425	1
Treatment Planning		H0032		Encounter	83	362	$15,053	$181	$42	4
Health Services		H0034		15 Minutes	1	2	$103	$103	$52	2
Home Based Services		H0036		15 Minutes	9	2,733	$48,317	$5,369	$18	304
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	24	95	$4,746	$198	$50	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	29,716	$89,130	$8,103	$3	2,701
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	44,688	$467,786	$233,893	$10	22,344
Community Living Supports (Daily)		H2016		Per Diem	20	5,368	$116,501	$5,825	$22	268
Community Living Supports (Daily)		H2016	*TF*	Per Diem	7	1,799	$84,560	$12,080	$47	257
Community Living Supports (Daily)		H2016	*TG*	Per Diem	24	6,692	$688,438	$28,685	$103	279
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	45,704	$116,060	$5,046	$3	1,987
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	8	9,470	$54,624	$6,828	$6	1,184
Medication Review		M0064		Encounter Face-to-Face	9	31	$2,087	$232	$67	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	40	148	$33,337	$833	$225	4
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	23	25	$9,255	$402	$370	1
Health Services		T1002		Up to 15 min	25	609	$35,373	$1,415	$58	24
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	45	37,000	$195,315	$4,340	$5	822
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	118	3,490	$255,196	$2,163	$73	30
Targeted Case Management		T1017		15 minutes	116	2,099	$167,732	$1,446	$80	18
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	32	9,314	$142,582	$4,456	$15	291
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	9	1,548	$77,885	$8,654	$50	172
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	13	2,997	$238,511	$18,347	$80	231
Assessments		T1023		Encounter	15	18	$6,642	$443	$369	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	21	2,132	$37,129	$1,768	$17	102
Transportation		T2004			5	52	$174	$35	$3	10
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	5	1,816	$22,198	$4,440	$12	363
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	1	$225	$225	$225	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
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					**193**		**$3,244,938**			

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	9	2,940	$785,058	$87,229	$267	327
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	4	54	$29,972	$7,493	$555	14
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	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	7	29	$208	$30	$7	4
Medication Administration		90782		Encounter	2	7	$90	$45	$13	4
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	89	91	$23,908	$269	$263	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	53	155	$7,721	$146	$50	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	48	258	$31,586	$658	$122	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	6	22	$4,043	$674	$184	4

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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	1	30	$0	$0	$0	30
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	7	$0	$0	$0	7
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	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	4	23	$2,806	$702	$122	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	2	27	$985	$492	$36	14
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	241	810	$68,312	$283	$84	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	66	170	$95,827	$1,452	$564	3
Speech & Language Therapy		92507		Encounter	2	3	$659	$330	$220	2
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	2	5	$578	$289	$116	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			17	29	$3,690	$217	$127	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	1	2	$205	$205	$102	2
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

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	12	13	$2,895	$241	$223	1
Physical Therapy		97002		Encounter	68	70	$9,985	$147	$143	1
Occupational Therapy		97003		Encounter	34	37	$12,725	$374	$344	1
Occupational Therapy		97004		Encounter	248	273	$69,457	$280	$254	1
Occupational or Physical Therapy		97110		15 Minutes	42	918	$78,410	$1,867	$85	22
Occupational or Physical Therapy		97112		15 Minutes	1	10	$804	$804	$80	10
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	6	134	$10,641	$1,773	$79	22
Occupational or Physical Therapy		97124		15 Minutes	11	284	$23,634	$2,149	$83	26
Occupational or Physical Therapy		97140		15 Minutes	1	228	$9,442	$9,442	$41	228
Occupational or Physical Therapy		97150		Encounter	1	3	$0	$0	$0	3
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	31	144	$13,249	$427	$92	5
Occupational or Physical Therapy		97532		15 Minutes	1	4	$420	$420	$105	4
Occupational or Physical Therapy		97533		15 Minutes	15	170	$16,124	$1,075	$95	11
Occupational or Physical Therapy		97535		15 Minutes	89	465	$43,173	$485	$93	5
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	84	877	$84,194	$1,002	$96	10
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	1	1	$0	$0	$0	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	39	39	$11,310	$290	$290	1
Additional Codes-Physician Services		99215		Encounter	2	2	$467	$234	$234	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

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	1	1	$10	$10	$10	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
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
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	3	$9,724	$9,724	$3,241	3
Activity Therapy (Children's Waiver)		G0176		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
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	1	1	$217	$217	$217	1
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	33	80	$12,118	$367	$151	2
Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	329	2,607	$325,524	$989	$125	8
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	14	56	$5,623	$402	$100	4
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	5	8	$631	$126	$79	2
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	121	393	$14,295	$118	$36	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	14	62	$3,417	$244	$55	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	348	1,192,744	$2,976,680	$8,554	$2	3,427
Community Living Supports (15 Minutes)		H2015		15 Minutes	286	503,525	$2,297,243	$8,032	$5	1,761
Community Living Supports (Daily)		H2016		Per Diem	139	35,017	$168,186	$1,210	$5	252
Community Living Supports (Daily)		H2016	*TF*	Per Diem	16	3,381	$174,851	$10,928	$52	211
Community Living Supports (Daily)		H2016	*TG*	Per Diem	197	59,359	$5,634,389	$28,601	$95	301
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	73	113,628	$171,961	$2,356	$2	1,557
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	15	$61	$61	$4	15
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	5	91	$10,566	$2,113	$116	18
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	3	65	$19,849	$6,616	$305	22
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	281	462,958	$438,546	$1,561	$1	1,648
Respite		S5151		Per Diem	3	5	$2,879	$960	$576	2
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	2	2	$4,893	$2,447	$2,447	1
Enhanced Medical Equipment-Supplies		S5199		Items	59	823	$25,471	$432	$31	14
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			2	1,038	$32,309	$16,154	$31	519

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			2	5,891	$156,244	$78,122	$27	2,946
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	1	5	$0	$0	$0	5
Health Services		S9446		Encounter	1	3	$0	$0	$0	3
Health Services		S9470		Encounter	2	2	$99	$50	$50	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	195	68,614	$1,659,040	$8,508	$24	352
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	10	$35	$17	$3	5
Health Services		T1002		Up to 15 min	404	6,427	$589,203	$1,458	$92	16
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	20	27,225	$182,020	$9,101	$7	1,361
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	924	23,685	$1,972,421	$2,135	$83	26
Targeted Case Management		T1017		15 minutes	5	61	$857	$171	$14	12
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	11	56	$3,397	$309	$61	5
Personal Care in Licensed Specialized Residential Setting		T1020		Days	95	23,035	$541,326	$5,698	$24	242
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	85	17,912	$778,868	$9,163	$43	211
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	193	27,696	$1,558,441	$8,075	$56	144
Assessments		T1023		Encounter	8	9	$3,149	$394	$350	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	33	352	$9,828	$298	$28	11
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	152	49,014	$317,021	$2,086	$6	322
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	17	43	$0	$0	$0	3
Out of Home Prevocational Service		T2015		Hour	19	19,822	$120,034	$6,318	$6	1,043
Targeted Case Management (Children's Waiver)		T2023		Month	6	60	$32,714	$5,452	$545	10
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	1	12	$55	$55	$5	12
Enhanced Medical Equipment-Supplies		T2029		Items	4	26	$535	$134	$21	7
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	13	20	$6,088	$468	$304	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$207,540	$0	$0	0
Aggregate for 'J' Codes		ALL			9	0	$2,073	$230	$0	0
Total Population and Cost					**980**		**$21,913,008**			

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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	711	$458,192	$152,731	$644	237
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	6	1,951	$492,852	$82,142	$253	325
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
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	59	60	$10,545	$179	$176	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	60	539	$60,228	$1,004	$112	9
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	78	568	$42,115	$540	$74	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	94	805	$70,337	$748	$87	9

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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		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
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	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	46	566	$16,380	$356	$29	12
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	437	1,317	$66,234	$152	$50	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	6	6	$1,500	$250	$250	1
Speech & Language Therapy		92507		Encounter	9	27	$1,920	$213	$71	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	2	2	$280	$140	$140	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	20	42	$3,025	$151	$72	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			112	267	$17,525	$156	$66	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	6	6	$2,140	$357	$357	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	1	5	$500	$500	$100	5
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	50	57	$10,179	$204	$179	1
Occupational Therapy		97004		Encounter	23	26	$1,560	$68	$60	1
Occupational or Physical Therapy		97110		15 Minutes	7	64	$1,022	$146	$16	9
Occupational or Physical Therapy		97112		15 Minutes	6	58	$996	$166	$17	10
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	12	173	$2,904	$242	$17	14
Occupational or Physical Therapy		97532		15 Minutes	10	152	$2,128	$213	$14	15
Occupational or Physical Therapy		97533		15 Minutes	15	400	$5,437	$362	$14	27
Occupational or Physical Therapy		97535		15 Minutes	9	163	$2,755	$306	$17	18
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	81	525	$9,010	$111	$17	6
Assessment or Health Services		97803		15 Minutes	124	855	$13,293	$107	$16	7
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	4	22	$525	$131	$24	6
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	8	33	$1,085	$136	$33	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
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	2	2	$383	$192	$192	1
Activity Therapy (Children's Waiver)		G0176		Encounter	2	33	$2,628	$1,314	$80	17

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			3	10	$350	$117	$35	3
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	318	371	$45,764	$144	$123	1
Treatment Planning		H0032		Encounter	180	205	$20,507	$114	$100	1
Health Services		H0034		15 Minutes	16	142	$3,873	$242	$27	9
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	12	289	$4,875	$406	$17	24
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	56	16,708	$1,569,599	$28,029	$94	298
Respite		H0045		Per Diem	3	18	$5,679	$1,893	$316	6
Behavior Management Review		H2000		Encounter	168	219	$23,198	$138	$106	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	672	2,586,235	$5,567,369	$8,285	$2	3,849
Community Living Supports (15 Minutes)		H2015		15 Minutes	154	450,291	$997,132	$6,475	$2	2,924
Community Living Supports (Daily)		H2016		Per Diem	220	53,298	$1,620,951	$7,368	$30	242
Community Living Supports (Daily)		H2016	*TF*	Per Diem	99	24,583	$1,191,429	$12,035	$48	248
Community Living Supports (Daily)		H2016	*TG*	Per Diem	322	97,216	$9,777,576	$30,365	$101	302
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	256	131,623	$1,393,188	$5,442	$11	514
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3	6,743	$4,920	$1,640	$1	2,248
Medication Review		M0064		Encounter Face-to-Face	95	119	$4,407	$46	$37	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
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	26	236	$17,431	$670	$74	9
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	153	1,399	$107,472	$702	$77	9
Respite		S5151		Per Diem	19	160	$58,168	$3,061	$364	8
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	3	3	$228	$76	$76	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	1	3	$1,471	$1,471	$490	3
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	1	1	$626	$626	$626	1
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	71	208	$17,200	$242	$83	3
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	5	48,874	$270,243	$54,049	$6	9,775
Assessment		T1001		Encounter	322	760	$75,580	$235	$99	2
Health Services		T1002		Up to 15 min	541	4,408	$104,306	$193	$24	8
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	60	82,614	$346,005	$5,767	$4	1,377
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,635	92,233	$3,433,311	$2,100	$37	56
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	49	3,458	$113,257	$2,311	$33	71
Personal Care in Licensed Specialized Residential Setting		T1020		Days	201	57,707	$1,748,898	$8,701	$30	287
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	308	92,812	$4,619,812	$14,999	$50	301
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	84	24,904	$3,027,165	$36,038	$122	296
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	$67,856	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	33	386	$114,587	$3,472	$297	12
Fiscal Intermediary Services		T2025		Month	14	116	$13,798	$986	$119	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$193	$193	$193	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	1	$804	$804	$804	1
Enhanced Medical Equipment-Supplies		T2039		Items	3	3	$13,299	$4,433	$4,433	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,801**		**$37,680,205**			

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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	105	$35,934	$11,978	$342	35
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	6	98	$70,361	$11,727	$718	16
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
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	35	37	$7,025	$201	$190	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	9	23	$1,268	$141	$55	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	13	29	$3,675	$283	$127	2
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	6	10	$1,904	$317	$190	2

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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		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
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	61	$7,623	$635	$125	5
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	8	97	$6,358	$795	$66	12
Therapy-Group Therapy		90857		Encounter	6	28	$1,651	$275	$59	5
Medication Review		90862		Encounter	48	232	$23,989	$500	$103	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	9	9	$806	$90	$90	1
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	27	95	$13,697	$507	$144	4
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	1	2	$1,362	$1,362	$681	2
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	$111	$111	$111	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	1	46	$663	$663	$14	46
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	2	$222	$222	$111	2
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	1	3	$221	$221	$74	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	5	5	$378	$76	$76	1
Crisis Residential Services		H0018		Days	1	3	$884	$884	$295	3
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	11	13	$850	$77	$65	1
Assessment		H0031		Encounter	69	87	$14,174	$205	$163	1
Treatment Planning		H0032		Encounter	26	35	$3,879	$149	$111	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	13	786	$5,837	$449	$7	60
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	34	61	$7,359	$216	$121	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	3	10	$647	$216	$65	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	24	4,393	$53,081	$2,212	$12	183
Community Living Supports (15 Minutes)		H2015		15 Minutes	13	32,625	$163,250	$12,558	$5	2,510
Community Living Supports (Daily)		H2016		Per Diem	9	2,860	$98,699	$10,967	$35	318
Community Living Supports (Daily)		H2016	*TF*	Per Diem	13	3,836	$248,153	$19,089	$65	295
Community Living Supports (Daily)		H2016	*TG*	Per Diem	23	7,342	$750,839	$32,645	$102	319
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	5	72	$1,412	$282	$20	14
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	21	26,828	$165,107	$7,862	$6	1,278
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	$103	$103	$103	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	24	167	$15,614	$651	$93	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	1	1	$70	$70	$70	1
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	28	8,837	$14,532	$519	$2	316
Respite		S5151		Per Diem	3	22	$8,548	$2,849	$389	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	7	23	$3,717	$531	$162	3
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	8	8	$1,834	$229	$229	1
Health Services		T1002		Up to 15 min	61	451	$22,205	$364	$49	7
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	42	42,264	$89,463	$2,130	$2	1,006
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	27	1,134	$78,719	$2,916	$69	42
Targeted Case Management		T1017		15 minutes	118	5,446	$315,179	$2,671	$58	46
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	15	$772	$772	$51	15
Personal Care in Licensed Specialized Residential Setting		T1020		Days	24	7,186	$64,717	$2,697	$9	299
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	5	1,803	$96,319	$19,264	$53	361
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	16	5,049	$516,272	$32,267	$102	316
Assessments		T1023		Encounter	10	104	$2,160	$216	$21	10
Enhanced Medical Supplies or Pharmacy		T1999		Items	17	70	$167	$10	$2	4
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
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	4	42	$8,393	$2,098	$200	11
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**172**		**$2,930,203**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	180	$101,614	$101,614	$565	180
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	8	$5,442	$5,442	$680	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	18	145	$71,556	$3,975	$493	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	1	8	$561	$561	$70	8
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	31	45	$10,798	$348	$240	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	11	24	$1,495	$136	$62	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	31	92	$10,393	$335	$113	3
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	5	$837	$209	$167	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		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	2	17	$543	$272	$32	9
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	5	40	$3,063	$613	$77	8
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	1	1	$133	$133	$133	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	3	5	$396	$132	$79	2
Therapy-Family Therapy		90847		Encounter	11	43	$4,723	$429	$110	4
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	1	1	$197	$197	$197	1
Therapy-Group Therapy		90853		Encounter	11	111	$6,702	$609	$60	10
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	165	912	$68,002	$412	$75	6
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	6	$946	$158	$158	1
Speech & Language Therapy		92507		Encounter	9	90	$8,618	$958	$96	10
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	3	3	$473	$158	$158	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			33	145	$20,858	$632	$144	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

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	29	30	$5,510	$190	$184	1
Physical Therapy		97002		Encounter	5	5	$594	$119	$119	1
Occupational Therapy		97003		Encounter	85	107	$34,055	$401	$318	1
Occupational Therapy		97004		Encounter	49	107	$12,451	$254	$116	2
Occupational or Physical Therapy		97110		15 Minutes	2	7	$191	$96	$27	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	2	2	$93	$47	$47	1
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	3	10	$526	$175	$53	3
Occupational or Physical Therapy		97535		15 Minutes	28	141	$10,679	$381	$76	5
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	8	23	$1,618	$202	$70	3
Assessment or Health Services		97803		15 Minutes	1	2	$141	$141	$71	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	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	$118	$59	$59	1
Additional Codes-Physician Services		99223			3	3	$249	$83	$83	1
Additional Codes-Physician Services		99231			1	2	$59	$59	$30	2
Additional Codes-Physician Services		99232			4	15	$335	$84	$22	4
Additional Codes-Physician Services		99233			1	1	$33	$33	$33	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	1	$246	$246	$246	1
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	$533	$133	$133	1
Crisis Residential Services		H0018		Days	2	10	$3,546	$1,773	$355	5
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	24	35	$10,194	$425	$291	1
Assessment		H0031		Encounter	103	187	$38,734	$376	$207	2
Treatment Planning		H0032		Encounter	262	980	$164,943	$630	$168	4
Health Services		H0034		15 Minutes	60	239	$12,378	$206	$52	4
Home Based Services		H0036		15 Minutes	2	324	$16,053	$8,027	$50	162
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	3	125	$20,467	$6,822	$164	42
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	62	80	$6,575	$106	$82	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	15	92	$2,621	$175	$28	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	228	646,353	$2,280,664	$10,003	$4	2,835
Community Living Supports (15 Minutes)		H2015		15 Minutes	197	1,305,681	$3,324,557	$16,876	$3	6,628
Community Living Supports (Daily)		H2016		Per Diem	22	7,804	$145,087	$6,595	$19	355
Community Living Supports (Daily)		H2016	*TF*	Per Diem	23	6,939	$299,256	$13,011	$43	302
Community Living Supports (Daily)		H2016	*TG*	Per Diem	135	44,019	$6,352,058	$47,052	$144	326
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	41	21,317	$522,239	$12,738	$24	520
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	9	17,717	$75,500	$8,389	$4	1,969
Medication Review		M0064		Encounter Face-to-Face	80	127	$10,824	$135	$85	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	16	150	$29,856	$1,866	$199	9
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	6	$823	$823	$137	6
Respite		S5150		15 Minutes	183	127,213	$166,248	$908	$1	695
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	12	$561	$561	$47	12
Environmental Modification		S5165		Service	1	1	$578	$578	$578	1
Enhanced Medical Equipment-Supplies		S5199		Items	6	6	$1,972	$329	$329	1
Occupational or Physical Therapy		S8990		Encounter	1	1	$23	$23	$23	1
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	3	9	$1,788	$596	$199	3
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	6	12	$2,279	$380	$190	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	2	10	$484	$242	$48	5
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	209	230	$53,581	$256	$233	1
Health Services		T1002		Up to 15 min	37	170	$7,966	$215	$47	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	2	4,596	$16,188	$8,094	$4	2,298
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	525	9,564	$637,667	$1,215	$67	18
Targeted Case Management		T1017		15 minutes	308	6,988	$314,518	$1,021	$45	23
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	3	26	$777	$259	$30	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	123	39,336	$533,410	$4,337	$14	320
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	47	15,893	$734,037	$15,618	$46	338
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	11	3,275	$236,434	$21,494	$72	298
Assessments		T1023		Encounter	13	14	$1,754	$135	$125	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	29	231	$4,368	$151	$19	8
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	2	156	$1,491	$746	$10	78
Transportation		T2003		Encounter / Trip	1	25	$242	$242	$10	25
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
Out of Home Prevocational Service		T2015		Hour	3	172	$2,222	$741	$13	57
Targeted Case Management (Children's Waiver)		T2023		Month	1	1	$396	$396	$396	1
Fiscal Intermediary Services		T2025		Month	14	82	$7,775	$555	$95	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$114	$114	$114	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$1,788	$1,788	$0	0
Total Population and Cost					**674**		**$16,429,817**			

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	3	585	$185,851	$61,950	$318	195
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	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	1	8	$181	$181	$23	8
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	18	18	$3,320	$184	$184	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	1	$37	$37	$37	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1	2	$129	$129	$64	2
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

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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
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	$63	$63	$63	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	1	29	$891	$891	$31	29
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	68	204	$15,169	$223	$74	3
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	2	46	$4,561	$2,281	$99	23
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	35	$2,099	$2,099	$60	35
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	1	15	$943	$943	$63	15
Speech & Language Therapy		92610		Encounter	3	8	$1,804	$601	$226	3
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	9	27	$3,365	$374	$125	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			19	72	$10,113	$532	$140	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	2	2	$578	$289	$289	1
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

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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	1	5	$835	$835	$167	5
Occupational Therapy		97003		Encounter	65	66	$21,104	$325	$320	1
Occupational Therapy		97004		Encounter	2	6	$924	$462	$154	3
Occupational or Physical Therapy		97110		15 Minutes	2	79	$3,013	$1,506	$38	40
Occupational or Physical Therapy		97112		15 Minutes	2	222	$1,885	$943	$8	111
Occupational or Physical Therapy		97113		15 Minutes	1	76	$451	$451	$6	76
Occupational or Physical Therapy		97116		15 Minutes	1	6	$226	$226	$38	6
Occupational or Physical Therapy		97124		15 Minutes	1	180	$7,412	$7,412	$41	180
Occupational or Physical Therapy		97140		15 Minutes	1	13	$248	$248	$19	13
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	110	$4,514	$4,514	$41	110
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	143	$5,877	$5,877	$41	143
Occupational or Physical Therapy		97537		15 Minutes	1	32	$1,353	$1,353	$42	32
Occupational or Physical Therapy		97542		15 Minutes	1	5	$345	$345	$69	5
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	2	$555	$555	$278	2
Assessment or Health Services		97803		15 Minutes	1	9	$655	$655	$73	9
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	1	1	$75	$75	$75	1
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	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	2	2	$157	$79	$79	1
Additional Codes-Physician Services		99214		Encounter	1	1	$126	$126	$126	1
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

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Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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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	2	$221	$110	$110	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	39	39	$5,323	$136	$136	1
Treatment Planning		H0032		Encounter	152	312	$53,927	$355	$173	2
Health Services		H0034		15 Minutes	24	60	$2,170	$90	$36	3
Home Based Services		H0036		15 Minutes	1	6	$309	$309	$52	6
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	51	176	$14,934	$293	$85	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	6	18	$423	$71	$24	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	111	49,451	$473,083	$4,262	$10	446
Community Living Supports (15 Minutes)		H2015		15 Minutes	213	602,248	$3,021,602	$14,186	$5	2,827
Community Living Supports (Daily)		H2016		Per Diem	34	10,399	$304,248	$8,948	$29	306
Community Living Supports (Daily)		H2016	*TF*	Per Diem	32	8,211	$426,614	$13,332	$52	257
Community Living Supports (Daily)		H2016	*TG*	Per Diem	101	34,353	$4,777,539	$47,302	$139	340
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	148	146,836	$1,208,405	$8,165	$8	992
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3	3,651	$24,807	$8,269	$7	1,217
Medication Review		M0064		Encounter Face-to-Face	51	171	$6,712	$132	$39	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	2	$429	$429	$214	2
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	3	32	$1,668	$556	$52	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
Private Duty Nursing	0582	S9123		Hour	1	3,798	$234,191	$234,191	$62	3,798
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	86	135	$17,754	$206	$132	2
Health Services		T1002		Up to 15 min	122	1,693	$87,395	$716	$52	14
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	33	47,194	$56,142	$1,701	$1	1,430
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	261	4,955	$530,585	$2,033	$107	19
Targeted Case Management		T1017		15 minutes	150	1,810	$194,458	$1,296	$107	12
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	2	34	$1,267	$634	$37	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	103	33,198	$354,880	$3,445	$11	322
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	61	17,983	$791,144	$12,970	$44	295
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	10	1,776	$138,033	$13,803	$78	178
Assessments		T1023		Encounter	3	3	$237	$79	$79	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	102	2,589	$43,301	$425	$17	25
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
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	30	$13,684	$13,684	$456	30
Fiscal Intermediary Services		T2025		Month	14	104	$12,554	$897	$121	7
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	$109	$109	$109	1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	1	$355	$355	$355	1
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$369	$369	$369	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					2	0	$875	$437	$0	0
Aggregate for 'J' Codes		ALL			2	0	$3,679	$1,839	$0	0
Total Population and Cost					**399**		**$13,082,283**			

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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	6	1,436	$363,974	$60,662	$253	239
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	12	161	$65,282	$5,440	$405	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	95	110	$23,065	$243	$210	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	12	21	$1,199	$100	$57	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	93	197	$19,016	$204	$97	2
Therapy-Individual Therapy		90806		Encounter 45-50 Min	36	313	$37,363	$1,038	$119	9
Therapy-Individual Therapy		90807		Encounter 45-50 Min	4	4	$561	$140	$140	1
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	2	$363	$182	$182	1

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Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	$57	$57	$57	1
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	2	3	$349	$175	$116	2
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	1	1	$233	$233	$233	1
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	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	5	18	$2,336	$467	$130	4
Therapy-Family Therapy		90847		Encounter	8	28	$3,953	$494	$141	4
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	35	$2,361	$1,181	$67	18
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	193	626	$67,577	$350	$108	3
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	19	24	$2,167	$114	$90	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	1	1	$69	$69	$69	1
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	11	20	$3,322	$302	$166	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			33	90	$16,349	$495	$182	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	10	30	$4,764	$476	$159	3
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	2	4	$1,163	$582	$291	2
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

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Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	38	40	$6,560	$173	$164	1
Physical Therapy		97002		Encounter	6	6	$990	$165	$165	1
Occupational Therapy		97003		Encounter	35	35	$9,700	$277	$277	1
Occupational Therapy		97004		Encounter	5	5	$1,163	$233	$233	1
Occupational or Physical Therapy		97110		15 Minutes	2	11	$514	$257	$47	6
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	2	22	$1,028	$514	$47	11
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	1	8	$340	$340	$43	8
Occupational or Physical Therapy		97535		15 Minutes	2	2	$93	$47	$47	1
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	23	313	$9,096	$395	$29	14
Assessment or Health Services		97803		15 Minutes	7	95	$2,761	$394	$29	14
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	12	12	$1,632	$136	$136	1
Crisis Residential Services		H0018		Days	3	36	$11,435	$3,812	$318	12
Peer Directed and Operated Support Services		H0023		Encounter	24	589	$18,954	$790	$32	25
Prevention Services - Direct Model		H0025		Face to Face Contact	2	6	$149	$75	$25	3
Assessment		H0031		Encounter	459	529	$96,093	$209	$182	1
Treatment Planning		H0032		Encounter	115	188	$34,150	$297	$182	2
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	5	565	$28,736	$5,747	$51	113
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	146	$872	$125	$6	21
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	2	$133	$67	$67	1
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	50	91	$24,748	$495	$272	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	20	375	$31,140	$1,557	$83	19
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	341	642,734	$2,757,329	$8,086	$4	1,885
Community Living Supports (15 Minutes)		H2015		15 Minutes	347	512,676	$2,209,634	$6,368	$4	1,477
Community Living Supports (Daily)		H2016		Per Diem	49	3,000	$102,750	$2,097	$34	61
Community Living Supports (Daily)		H2016	*TF*	Per Diem	77	18,938	$1,100,866	$14,297	$58	246
Community Living Supports (Daily)		H2016	*TG*	Per Diem	125	37,313	$5,267,476	$42,140	$141	299
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	32	$1,661	$1,661	$52	32
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	117	97,274	$417,305	$3,567	$4	831
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	14	21,903	$59,357	$4,240	$3	1,565
Medication Review		M0064		Encounter Face-to-Face	125	426	$28,742	$230	$67	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	3	6	$953	$318	$159	2
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	3	13	$320	$107	$25	4
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	285	223,978	$194,861	$684	$1	786
Respite		S5151		Per Diem	4	49	$2,409	$602	$49	12
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	5	$197	$197	$39	5
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	1	6	$511	$511	$85	6
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			2	1,393	$66,516	$33,258	$48	697

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			3	4,694	$224,139	$74,713	$48	1,565
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	29	30	$4,764	$164	$159	1
Health Services		T1002		Up to 15 min	51	200	$7,266	$142	$36	4
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	26	28,985	$121,447	$4,671	$4	1,115
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	194	3,382	$150,939	$778	$45	17
Targeted Case Management		T1017		15 minutes	656	11,141	$497,223	$758	$45	17
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	77	18,830	$390,911	$5,077	$21	245
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	76	21,843	$1,360,382	$17,900	$62	287
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	66	17,977	$2,311,238	$35,019	$129	272
Assessments		T1023		Encounter	13	14	$2,223	$171	$159	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
Out of Home Prevocational Service		T2015		Hour	81	27,709	$834,102	$10,298	$30	342
Targeted Case Management (Children's Waiver)		T2023		Month	6	55	$17,875	$2,979	$325	9
Fiscal Intermediary Services		T2025		Month	1	12	$1,557	$1,557	$130	12
Enhanced Medical Equipment-Supplies		T2028		Items	4	18	$356	$89	$20	5
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$994	$994	$994	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$34,842	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**927**		**$19,066,955**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	297	$70,983	$70,983	$239	297
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
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	7	52	$5,260	$751	$101	7
Medication Administration		90782		Encounter	3	7	$708	$236	$101	2
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	26	27	$4,055	$156	$150	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	24	$2,223	$445	$93	5
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	11	25	$4,189	$381	$168	2
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

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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		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
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	6	$949	$949	$158	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	4	12	$1,159	$290	$97	3
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	98	466	$69,989	$714	$150	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	16	17	$1,487	$93	$87	1
Speech & Language Therapy		92507		Encounter	5	7	$612	$122	$87	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	1	1	$365	$365	$365	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	3	7	$2,579	$860	$368	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			8	25	$9,211	$1,151	$368	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	4	5	$437	$109	$87	1
Physical Therapy		97002		Encounter	2	5	$437	$219	$87	3
Occupational Therapy		97003		Encounter	69	76	$44,509	$645	$586	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	7	20	$1,749	$250	$87	3
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	2	6	$525	$262	$87	3
Occupational or Physical Therapy		97116		15 Minutes	2	2	$175	$87	$87	1
Occupational or Physical Therapy		97124		15 Minutes	1	4	$350	$350	$87	4
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	1	1	$87	$87	$87	1
Occupational or Physical Therapy		97530		15 Minutes	3	7	$612	$204	$87	2
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	3	62	$5,422	$1,807	$87	21
Occupational or Physical Therapy		97535		15 Minutes	1	4	$350	$350	$87	4
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	6	20	$1,749	$292	$87	3
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	3	5	$437	$146	$87	2
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	47	355	$12,606	$268	$36	8
Assessment or Health Services		97803		15 Minutes	35	117	$4,155	$119	$36	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
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			14	68	$12,667	$905	$186	5
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			13	19	$1,050	$81	$55	1
Resin based comp-one surface, ant		D2330			2	4	$230	$115	$58	2
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			1	1	$165	$165	$165	1
Resin based comp-one surface, post		D2391			1	3	$345	$345	$115	3
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	3	3	$455	$152	$152	1
Activity Therapy (Children's Waiver)		G0176		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
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	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	100	132	$26,646	$266	$202	1
Treatment Planning		H0032		Encounter	58	106	$28,486	$491	$269	2
Health Services		H0034		15 Minutes	2	2	$202	$101	$101	1
Home Based Services		H0036		15 Minutes	3	739	$39,403	$13,134	$53	246
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	37	293	$31,145	$842	$106	8
Behavior Management Review		H2000		Encounter	23	57	$22,028	$958	$386	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	3	10	$1,892	$631	$189	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	141	393,685	$1,357,414	$9,627	$3	2,792
Community Living Supports (15 Minutes)		H2015		15 Minutes	29	116,317	$561,186	$19,351	$5	4,011
Community Living Supports (Daily)		H2016		Per Diem	17	4,322	$141,070	$8,298	$33	254
Community Living Supports (Daily)		H2016	*TF*	Per Diem	13	3,252	$195,183	$15,014	$60	250
Community Living Supports (Daily)		H2016	*TG*	Per Diem	49	14,953	$2,534,498	$51,724	$169	305
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	7	$733	$733	$105	7
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	33	62,018	$190,059	$5,759	$3	1,879
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	48	463	$45,568	$949	$98	10
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	1	1	$97	$97	$97	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	54	29,427	$45,424	$841	$2	545
Respite		S5151		Per Diem	10	86	$10,686	$1,069	$124	9
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	3	7	$10,820	$3,607	$1,546	2
Occupational or Physical Therapy		S8990		Encounter	1	1	$612	$612	$612	1
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	47	54	$19,454	$414	$360	1
Health Services		T1002		Up to 15 min	57	438	$38,728	$679	$88	8
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	3	9,889	$115,725	$38,575	$12	3,296
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	178	4,262	$253,461	$1,424	$59	24
Targeted Case Management		T1017		15 minutes	22	460	$28,870	$1,312	$63	21
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	12	$821	$821	$68	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	46	11,594	$172,586	$3,752	$15	252
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	20	6,382	$290,191	$14,510	$45	319
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	11	3,612	$291,523	$26,502	$81	328
Assessments		T1023		Encounter	13	20	$5,733	$441	$287	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	54	471	$10,824	$200	$23	9
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	1	2	$360	$360	$180	2
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	13	13	$26,229	$2,018	$2,018	1
Out of Home Prevocational Service		T2015		Hour	7	4,045	$109,687	$15,670	$27	578
Targeted Case Management (Children's Waiver)		T2023		Month	2	24	$10,236	$5,118	$427	12
Fiscal Intermediary Services		T2025		Month	2	16	$2,855	$1,428	$178	8
Enhanced Medical Equipment-Supplies		T2028		Items	6	13	$2,734	$456	$210	2
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$148	$148	$148	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	2	2	$488	$244	$244	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			4	0	$12,510	$3,128	$0	0
Total Population and Cost					**268**		**$6,898,600**			

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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	4	890	$494,840	$123,710	$556	223
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	28	383	$150,117	$5,361	$392	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	13	168	$94,030	$7,233	$560	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	3	31	$3,990	$1,330	$129	10
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	19	98	$7,446	$392	$76	5
Medication Administration		90782		Encounter	10	29	$2,203	$220	$76	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	246	291	$75,545	$307	$260	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	87	267	$25,264	$290	$95	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	206	1,012	$205,254	$996	$203	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	5	5	$771	$154	$154	1
Therapy-Individual Therapy		90808		Encounter 75-80 Min	137	393	$114,394	$835	$291	3

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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		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
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	11	12	$2,476	$225	$206	1
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	10	12	$3,471	$347	$289	1
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	53	151	$32,965	$622	$218	3
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	1	2	$104	$104	$52	2
Therapy-Group Therapy		90853		Encounter	96	1,028	$68,650	$715	$67	11
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	897	3,858	$225,464	$251	$58	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	4	4	$533	$133	$133	1
Speech & Language Therapy		92506		Encounter	66	75	$41,497	$629	$553	1
Speech & Language Therapy		92507		Encounter	42	218	$110,317	$2,627	$506	5
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	16	17	$9,359	$585	$551	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	45	157	$34,130	$758	$217	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			122	463	$102,409	$839	$221	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	164	610	$132,455	$808	$217	4
Neurobehavioral Status Exam (Children's Waiver)		96116			547	2,184	$480,647	$879	$220	4
Assessments-Testing		96117		Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			1	5	$1,054	$1,054	$211	5
Neuropsych test by Tech (Children's Waiver)		96119			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
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	388	476	$184,978	$477	$389	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	8	163	$2,796	$350	$17	20
Occupational or Physical Therapy		97112		15 Minutes	3	36	$601	$200	$17	12
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	21	80	$5,046	$240	$63	4
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	15	56	$3,602	$240	$64	4
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	20	124	$7,576	$379	$61	6
Occupational or Physical Therapy		97530		15 Minutes	7	60	$1,405	$201	$23	9
Occupational or Physical Therapy		97532		15 Minutes	1	32	$514	$514	$16	32
Occupational or Physical Therapy		97533		15 Minutes	17	221	$8,168	$480	$37	13
Occupational or Physical Therapy		97535		15 Minutes	86	601	$36,184	$421	$60	7
Occupational or Physical Therapy		97537		15 Minutes	1	55	$3,224	$3,224	$59	55
Occupational or Physical Therapy		97542		15 Minutes	189	1,542	$95,666	$506	$62	8
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	72	580	$37,306	$518	$64	8
Occupational Therapy		97760		15 Minutes	47	323	$20,775	$442	$64	7
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	69	253	$12,916	$187	$51	4
Assessment or Health Services		97803		15 Minutes	561	2,004	$102,324	$182	$51	4
Health Services		97804		30 Minutes	34	161	$4,202	$124	$26	5
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	2	2	$421	$211	$211	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.	6	8	$400	$67	$50	1
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			133	201	$286,751	$2,156	$1,427	2
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	3	8	$16,966	$5,655	$2,121	3
Activity Therapy (Children's Waiver)		G0176		Encounter	2	33	$2,240	$1,120	$68	17

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	4	31	$7,154	$1,789	$231	8
Medication administration		G0351			0	0	$0	$0	$0	0
Assessment		H0002		Encounter	24	31	$3,866	$161	$125	1
Crisis Residential Services		H0018		Days	3	20	$4,740	$1,580	$237	7
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	5	8	$1,238	$248	$155	2
Assessment		H0031		Encounter	1,213	1,832	$363,398	$300	$198	2
Treatment Planning		H0032		Encounter	1,458	4,778	$1,051,698	$721	$220	3
Health Services		H0034		15 Minutes	4	19	$1,475	$369	$78	5
Home Based Services		H0036		15 Minutes	9	718	$32,805	$3,645	$46	80
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	15	1,442	$33,555	$2,237	$23	96
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	7	624	$39,612	$5,659	$63	89
Community Living Supports in Independent living/own home		H0043		Per diem	83	16,918	$1,929,667	$23,249	$114	204
Respite		H0045		Per Diem	565	8,302	$1,730,759	$3,063	$208	15
Behavior Management Review		H2000		Encounter	626	674	$75,604	$121	$112	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	224	1,809	$103,427	$462	$57	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1,153	3,908,630	$13,408,463	$11,629	$3	3,390
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,044	6,302,734	$25,854,018	$24,764	$4	6,037
Community Living Supports (Daily)		H2016		Per Diem	551	168,999	$8,929,770	$16,206	$53	307
Community Living Supports (Daily)		H2016	*TF*	Per Diem	310	74,655	$5,503,567	$17,753	$74	241
Community Living Supports (Daily)		H2016	*TG*	Per Diem	520	151,218	$15,619,307	$30,037	$103	291
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	5	7	$1,103	$221	$158	1
Supported Employment Services		H2023		15 minutes	460	873,867	$4,867,439	$10,581	$6	1,900
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	17	20,542	$78,060	$4,592	$4	1,208
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	43	283	$88,520	$2,059	$313	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	21	191	$11,811	$562	$62	9
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1,081	1,294,385	$3,339,513	$3,089	$3	1,197
Respite		S5151		Per Diem	138	1,775	$404,558	$2,932	$228	13
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	2	16	$559	$279	$35	8
Environmental Modification		S5165		Service	52	74	$145,838	$2,805	$1,971	1
Enhanced Medical Equipment-Supplies		S5199		Items	360	750	$351,758	$977	$469	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	6	3,350	$129,076	$21,513	$39	558
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	4	3,446	$100,037	$25,009	$29	862
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	2	$196	$98	$98	1
Health Services		S9446		Encounter	44	159	$7,537	$171	$47	4
Health Services		S9470		Encounter	181	221	$24,871	$137	$113	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	3	20	$388	$129	$19	7
Health Services		T1000		Up to 15 min	5	29,326	$229,329	$45,866	$8	5,865
Assessment		T1001		Encounter	905	986	$296,239	$327	$300	1
Health Services		T1002		Up to 15 min	1,105	7,765	$580,026	$525	$75	7
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	290	321,992	$1,194,793	$4,120	$4	1,110
Family Psycho-Education		T1015		Encounter	1	1	$66	$66	$66	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3,187	139,322	$7,581,903	$2,379	$54	44
Targeted Case Management		T1017		15 minutes	114	4,440	$268,220	$2,353	$60	39
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	18	477	$26,931	$1,496	$56	27
Personal Care in Licensed Specialized Residential Setting		T1020		Days	520	151,158	$4,014,756	$7,721	$27	291
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	310	74,913	$4,463,317	$14,398	$60	242
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	545	168,632	$14,190,383	$26,037	$84	309
Assessments		T1023		Encounter	52	110	$36,216	$696	$329	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	199	1,069	$65,213	$328	$61	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	24	24	$19,824	$826	$826	1
Out of Home Prevocational Service		T2015		Hour	373	320,577	$5,065,117	$13,579	$16	859
Targeted Case Management (Children's Waiver)		T2023		Month	42	309	$102,597	$2,443	$332	7
Fiscal Intermediary Services		T2025		Month	310	2,361	$209,510	$676	$89	8
Enhanced Medical Equipment-Supplies		T2028		Items	133	180	$58,579	$440	$325	1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	110	848	$136,206	$1,238	$161	8
Enhanced Medical Equipment-Supplies		T2039		Items	10	10	$43,589	$4,359	$4,359	1
Pharmacy (Drugs and Other Biologicals)					0	0	$267,968	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**3,718**		**$126,349,617**			

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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	4	1,334	$389,442	$97,361	$292	334
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	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	5	26	$1,722	$344	$66	5
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	21	22	$7,099	$338	$323	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	10	45	$3,809	$381	$85	5
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	11	39	$5,002	$455	$128	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

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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
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	3	28	$3,304	$1,101	$118	9
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	1	$382	$382	$382	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	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$128	$128	$128	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	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	93	330	$65,383	$703	$198	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	14	20	$11,439	$817	$572	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	1	3	$106	$106	$35	3
Speech & Language Therapy		92610		Encounter	10	11	$81	$8	$7	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	5	29	$12,754	$2,551	$440	6
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	1	36	$2,880	$2,880	$80	36
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	3	5	$101	$34	$20	2
Physical Therapy		97002		Encounter	2	2	$49	$25	$25	1
Occupational Therapy		97003		Encounter	25	27	$8,626	$345	$319	1
Occupational Therapy		97004		Encounter	49	55	$30,003	$612	$546	1
Occupational or Physical Therapy		97110		15 Minutes	9	61	$245	$27	$4	7
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	5	12	$37	$7	$3	2
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	9	23	$193	$21	$8	3
Occupational or Physical Therapy		97532		15 Minutes	14	16	$122	$9	$8	1
Occupational or Physical Therapy		97533		15 Minutes	4	10	$192	$48	$19	3
Occupational or Physical Therapy		97535		15 Minutes	12	31	$179	$15	$6	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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	2	9	$3,440	$1,720	$382	5
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	1	1	$140	$140	$140	1
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
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	6	1,706	$1,706	$284	$1	284
Activity Therapy (Children's Waiver)		G0176		Encounter	3	75	$3,753	$1,251	$50	25

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			2	6	$120	$60	$20	3
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	4	$895	$895	$224	4
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	141	152	$131,939	$936	$868	1
Treatment Planning		H0032		Encounter	191	1,155	$202,105	$1,058	$175	6
Health Services		H0034		15 Minutes	2	3	$1,147	$574	$382	2
Home Based Services		H0036		15 Minutes	1	83	$6,401	$6,401	$77	83
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	11	477	$24,841	$2,258	$52	43
Respite		H0045		Per Diem	104	1,382	$114,335	$1,099	$83	13
Behavior Management Review		H2000		Encounter	38	86	$7,401	$195	$86	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	14	81	$10,535	$753	$130	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	276	1,066,738	$3,192,074	$11,565	$3	3,865
Community Living Supports (15 Minutes)		H2015		15 Minutes	262	1,174,561	$4,014,424	$15,322	$3	4,483
Community Living Supports (Daily)		H2016		Per Diem	61	20,815	$641,995	$10,525	$31	341
Community Living Supports (Daily)		H2016	*TF*	Per Diem	20	5,581	$248,070	$12,404	$44	279
Community Living Supports (Daily)		H2016	*TG*	Per Diem	81	21,103	$3,161,409	$39,030	$150	261
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	99	40,606	$613,937	$6,201	$15	410
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4	2,937	$8,139	$2,035	$3	734
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	30	739	$129,218	$4,307	$175	25
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	22	513	$47,654	$2,166	$93	23
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	30	251	$31,142	$1,038	$124	8
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1,890	$1,890	$1,890	$1	1,890
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			1	5,818	$152,489	$152,489	$26	5,818
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	9	39	$2,813	$313	$72	4
Health Services		S9446		Encounter	2	8	$1,147	$574	$143	4
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	6	176	$2,064	$344	$12	29
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	47	76	$98,791	$2,102	$1,300	2
Health Services		T1002		Up to 15 min	27	95	$12,601	$467	$133	4
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	115	166,781	$378,911	$3,295	$2	1,450
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	464	4,326	$1,042,016	$2,246	$241	9
Targeted Case Management		T1017		15 minutes	23	639	$51,995	$2,261	$81	28
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	78	24,620	$494,774	$6,343	$20	316
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	31	10,122	$483,251	$15,589	$48	327
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	44	14,636	$1,199,008	$27,250	$82	333
Assessments		T1023		Encounter	9	16	$9,265	$1,029	$579	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	199	$199	$199	$1	199
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	1	380	$380	$380	$1	380
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	19	22	$24,264	$1,277	$1,103	1
Out of Home Prevocational Service		T2015		Hour	34	30,788	$271,389	$7,982	$9	906
Targeted Case Management (Children's Waiver)		T2023		Month	30	283	$92,188	$3,073	$326	9
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	587	$587	$587	$1	587
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	7	28	$3,120	$446	$111	4
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			2	0	$58	$29	$0	0
Total Population and Cost					**608**		**$17,463,302**			

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	8	1,640	$598,600	$74,825	$365	205
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	6	47	$34,515	$5,753	$734	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	3	26	$2,487	$829	$96	9
Medication Administration		90782		Encounter	14	26	$2,487	$178	$96	2
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	16	16	$8,545	$534	$534	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	14	$1,771	$354	$127	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	27	270	$49,410	$1,830	$183	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

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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	6	54	$10,325	$1,721	$191	9
Therapy-Family Therapy		90847		Encounter	9	23	$3,811	$423	$166	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	5	17	$1,141	$228	$67	3
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	109	492	$128,771	$1,181	$262	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	25	27	$13,543	$542	$502	1
Speech & Language Therapy		92507		Encounter	29	283	$75,745	$2,612	$268	10
Speech & Language Therapy		92508		Encounter	11	128	$26,810	$2,437	$209	12
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	4	17	$4,844	$1,211	$285	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			14	40	$11,399	$814	$285	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			1	9	$2,565	$2,565	$285	9
Neuropsych test by Tech (Children's Waiver)		96119			0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	4	4	$468	$117	$117	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	53	59	$64,879	$1,224	$1,100	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	3	98	$11,715	$3,905	$120	33
Occupational or Physical Therapy		97150		Encounter	5	29	$13,866	$2,773	$478	6
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	29	322	$52,074	$1,796	$162	11
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	14	81	$6,563	$469	$81	6
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			1	1	$79	$79	$79	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	2	$162	$162	$81	2
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	34	679	$2,444	$72	$4	20
Prevention Services - Direct Model		H0025		Face to Face Contact	4	4	$531	$133	$133	1
Assessment		H0031		Encounter	84	94	$21,656	$258	$230	1
Treatment Planning		H0032		Encounter	101	118	$41,210	$408	$349	1
Health Services		H0034		15 Minutes	6	10	$1,044	$174	$104	2
Home Based Services		H0036		15 Minutes	1	3	$581	$581	$194	3
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	16	3,454	$28,910	$1,807	$8	216
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	2	97	$12,706	$6,353	$131	49
Behavior Management Review		H2000		Encounter	64	187	$63,135	$986	$338	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	31	280	$12,767	$412	$46	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	284	262,360	$2,193,330	$7,723	$8	924
Community Living Supports (15 Minutes)		H2015		15 Minutes	312	814,948	$4,131,786	$13,243	$5	2,612
Community Living Supports (Daily)		H2016		Per Diem	13	1,850	$62,993	$4,846	$34	142
Community Living Supports (Daily)		H2016	*TF*	Per Diem	79	15,829	$875,344	$11,080	$55	200
Community Living Supports (Daily)		H2016	*TG*	Per Diem	127	34,334	$6,068,878	$47,786	$177	270
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	165	95,553	$659,316	$3,996	$7	579
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	4	6	$890	$223	$148	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	37	475	$31,217	$844	$66	13
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	33	$1,038	$173	$31	6
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	248	$6,822	$6,822	$28	248
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	4	66	$351	$88	$5	17
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	10	$1,564	$1,564	$156	10
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	1	1,309	$38,589	$38,589	$29	1,309
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	16	90	$32,374	$2,023	$360	6
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	24	71	$24,412	$1,017	$344	3
Health Services		T1002		Up to 15 min	33	240	$31,296	$948	$130	7
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	99	102,129	$641,370	$6,478	$6	1,032
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	532	11,228	$1,091,474	$2,052	$97	21
Targeted Case Management		T1017		15 minutes	73	1,439	$87,736	$1,202	$61	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	81	19,569	$294,318	$3,634	$15	242
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	79	17,414	$973,617	$12,324	$56	220
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	57	13,533	$140,879	$2,472	$10	237
Assessments		T1023		Encounter	20	26	$4,285	$214	$165	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	34	371	$50,074	$1,473	$135	11
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
Out of Home Prevocational Service		T2015		Hour	25	11,777	$15,781	$631	$1	471
Targeted Case Management (Children's Waiver)		T2023		Month	9	90	$20,361	$2,262	$226	10
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**592**		**$18,791,653**			

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	365	$87,235	$87,235	$239	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	21	$15,313	$15,313	$729	21
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	9	83	$3,644	$405	$44	9
Medication Administration		90782		Encounter	3	8	$386	$129	$48	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	18	20	$4,923	$274	$246	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	2	4	$286	$143	$72	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	2	$262	$262	$131	2
Therapy-Individual Therapy		90806		Encounter 45-50 Min	19	122	$16,538	$870	$136	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	47	$3,360	$3,360	$71	47

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	5	214	$2,549	$510	$12	43
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	67	226	$22,992	$343	$102	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	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

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	20	28	$667	$33	$24	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	7	7	$1,167	$167	$167	1
Occupational Therapy		97004		Encounter	5	5	$298	$60	$60	1
Occupational or Physical Therapy		97110		15 Minutes	20	86	$5,478	$274	$64	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
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	8	50	$7,086	$886	$142	6
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			1	1	$192	$192	$192	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	1	$100	$100	$100	1
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

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	15	15	$1,340	$89	$89	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	1	92	$548	$548	$6	92
Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	5	8	$202	$40	$25	2
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	2	124	$4,430	$2,215	$36	62
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	$50,951	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	4	802	$28,654	$7,164	$36	201
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	4	34	$1,215	$304	$36	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	5,688	$10,161	$10,161	$2	5,688
Community Living Supports (15 Minutes)		H2015		15 Minutes	79	293,049	$758,967	$9,607	$3	3,709
Community Living Supports (Daily)		H2016		Per Diem	6	923	$18,815	$3,136	$20	154
Community Living Supports (Daily)		H2016	*TF*	Per Diem	12	3,406	$205,974	$17,165	$60	284
Community Living Supports (Daily)		H2016	*TG*	Per Diem	37	12,700	$1,653,636	$44,693	$130	343
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	77	42,908	$134,129	$1,742	$3	557
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	9	28,156	$64,374	$7,153	$2	3,128
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	15	58,396	$43,797	$2,920	$1	3,893
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	2	2	$464	$232	$232	1
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	53	118	$7,031	$133	$60	2
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	15	13,689	$41,519	$2,768	$3	913
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	175	8,188	$350,959	$2,005	$43	47
Targeted Case Management		T1017		15 minutes	14	93	$3,987	$285	$43	7
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	6	326	$4,197	$700	$13	54
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	4,652	$106,271	$6,642	$23	291
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	13	4,122	$247,019	$19,001	$60	317
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	26	7,906	$857,530	$32,982	$108	304
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
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	2	$386	$386	$193	2
Fiscal Intermediary Services		T2025		Month	1	3	$447	$447	$149	3
Enhanced Medical Equipment-Supplies		T2028		Items	1	11	$113	$113	$10	11
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$1,268	$1,268	$1,268	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**206**		**$4,770,860**			

Saginaw

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	10	1,598	$569,080	$56,908	$356	160
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	7	2,378	$568,342	$81,192	$239	340
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	4	30	$18,948	$4,737	$632	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	38	303	$136,332	$3,588	$450	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	19	163	$3,343	$176	$21	9
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	43	51	$8,019	$186	$157	1
Assessment-Psychiatric Assessment		90802		Encounter	6	6	$879	$147	$147	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	11	$845	$169	$77	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	108	1,134	$104,316	$966	$92	11
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	9	$1,186	$297	$132	2

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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
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	1	3	$225	$225	$75	3
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	2	37	$3,913	$1,957	$106	19
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	7	$683	$342	$98	4
Therapy-Family Therapy		90847		Encounter	11	22	$2,229	$203	$101	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	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	346	1,040	$97,249	$281	$94	3
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1	3	$161	$161	$54	3
Speech & Language Therapy		92506		Encounter	21	21	$4,501	$214	$214	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	38	104	$13,800	$363	$133	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			54	179	$18,798	$348	$105	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

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Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	14	14	$2,309	$165	$165	1
Physical Therapy		97002		Encounter	30	33	$5,237	$175	$159	1
Occupational Therapy		97003		Encounter	10	10	$2,254	$225	$225	1
Occupational Therapy		97004		Encounter	115	124	$20,451	$178	$165	1
Occupational or Physical Therapy		97110		15 Minutes	30	606	$20,659	$689	$34	20
Occupational or Physical Therapy		97112		15 Minutes	1	1	$34	$34	$34	1
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	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	3	405	$13,823	$4,608	$34	135
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	4	$137	$137	$34	4
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	7	39	$4,510	$644	$116	6
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	27	121	$8,466	$314	$70	4
Assessment or Health Services		97803		15 Minutes	24	258	$9,655	$402	$37	11
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			16	17	$1,162	$73	$68	1
Additional Codes-Physician Services		99222			15	19	$2,145	$143	$113	1
Additional Codes-Physician Services		99223			4	4	$628	$157	$157	1
Additional Codes-Physician Services		99231			33	209	$7,123	$216	$34	6
Additional Codes-Physician Services		99232			22	43	$2,386	$108	$55	2
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	4	5	$351	$88	$70	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

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Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	41	159	$1,265	$31	$8	4
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			12	165	$4,233	$353	$26	14
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	8	264	$1,358	$170	$5	33
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			8	8	$896	$112	$112	1
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			15	52	$4,373	$292	$84	3
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	19	168	$30,546	$1,608	$182	9
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	13	529	$21,160	$1,628	$40	41
Assessment		H0031		Encounter	23	29	$3,815	$166	$132	1
Treatment Planning		H0032		Encounter	247	3,990	$398,317	$1,613	$100	16
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	4	364	$21,927	$5,482	$60	91
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	382	$0	$0	$0	191
Community Living Supports in Independent living/own home		H0043		Per diem	57	21,391	$965,465	$16,938	$45	375
Respite		H0045		Per Diem	1	2	$247	$247	$124	2
Behavior Management Review		H2000		Encounter	153	436	$41,341	$270	$95	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	80	723	$48,835	$610	$68	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	276	928,201	$3,536,445	$12,813	$4	3,363
Community Living Supports (15 Minutes)		H2015		15 Minutes	47	385,165	$1,086,867	$23,125	$3	8,195
Community Living Supports (Daily)		H2016		Per Diem	49	12,600	$360,876	$7,365	$29	257
Community Living Supports (Daily)		H2016	*TF*	Per Diem	31	6,557	$379,585	$12,245	$58	212
Community Living Supports (Daily)		H2016	*TG*	Per Diem	137	43,686	$5,345,696	$39,020	$122	319
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	3	$329	$329	$110	3
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	57	146,940	$590,699	$10,363	$4	2,578
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	24	35,426	$73,820	$3,076	$2	1,476
Medication Review		M0064		Encounter Face-to-Face	4	21	$1,352	$338	$64	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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	4	118	$3,549	$887	$30	30
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	1	$0	$0	$0	1
Respite		S5151		Per Diem	8	2,065	$171,354	$21,419	$83	258
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$1,068	$1,068	$1,068	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	1	1	$0	$0	$0	1
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	1	2	$177	$177	$89	2
Health Services		S9446		Encounter	22	102	$5,287	$240	$52	5
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	11	73	$1,906	$173	$26	7
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	78	445	$71,258	$914	$160	6
Health Services		T1002		Up to 15 min	375	1,439	$74,569	$199	$52	4
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	30	36,602	$105,780	$3,526	$3	1,220
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	696	15,367	$1,187,345	$1,706	$77	22
Targeted Case Management		T1017		15 minutes	10	331	$21,593	$2,159	$65	33
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	3	45	$2,885	$962	$64	15
Personal Care in Licensed Specialized Residential Setting		T1020		Days	100	26,752	$505,970	$5,060	$19	268
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	83	24,140	$1,131,175	$13,629	$47	291
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	53	14,902	$1,109,784	$20,939	$74	281
Assessments		T1023		Encounter	172	243	$36,158	$210	$149	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	3	$1,271	$636	$424	2
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	22	76	$39,454	$1,793	$519	3
Out of Home Prevocational Service		T2015		Hour	2	20	$280	$140	$14	10
Targeted Case Management (Children's Waiver)		T2023		Month	13	118	$23,413	$1,801	$198	9
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	1	6	$862	$862	$144	6
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	24	24	$1,834	$76	$76	1
Housing Assistance		T2038		Month	5	15	$3,645	$729	$243	3
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					**879**		**$19,074,243**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	1	24	$19,580	$19,580	$816	24
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	12	12	$6,130	$511	$511	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	8	14	$1,692	$212	$121	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	53	423	$60,475	$1,141	$143	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	3	$729	$365	$243	2

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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		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
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	34	$7,080	$787	$208	4
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	8	56	$3,315	$414	$59	7
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	135	593	$101,249	$750	$171	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	1	3	$429	$429	$143	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			8	38	$3,634	$454	$96	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	36	44	$14,743	$410	$335	1
Physical Therapy		97002		Encounter	7	7	$1,876	$268	$268	1
Occupational Therapy		97003		Encounter	48	61	$17,534	$365	$287	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	268	$5,177	$5,177	$19	268
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	1	52	$1,594	$1,594	$31	52
Occupational or Physical Therapy		97140		15 Minutes	1	24	$578	$578	$24	24
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	13	458	$13,367	$1,028	$29	35
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	1	8	$515	$515	$64	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	20	21	$8,876	$444	$423	1
Treatment Planning		H0032		Encounter	110	523	$148,322	$1,348	$284	5
Health Services		H0034		15 Minutes	22	162	$15,086	$686	$93	7
Home Based Services		H0036		15 Minutes	4	139	$5,241	$1,310	$38	35
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	128	175	$6,794	$53	$39	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	4	38	$1,575	$394	$41	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	164	420,537	$3,033,768	$18,499	$7	2,564
Community Living Supports (15 Minutes)		H2015		15 Minutes	144	697,951	$2,151,917	$14,944	$3	4,847
Community Living Supports (Daily)		H2016		Per Diem	13	4,014	$109,125	$8,394	$27	309
Community Living Supports (Daily)		H2016	*TF*	Per Diem	13	3,300	$172,818	$13,294	$52	254
Community Living Supports (Daily)		H2016	*TG*	Per Diem	68	21,891	$2,440,715	$35,893	$111	322
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	1,113	$51,974	$1,999	$47	43
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4	5,140	$25,159	$6,290	$5	1,285
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	1	1	$35	$35	$35	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	62	64	$11,870	$191	$185	1
Health Services		T1002		Up to 15 min	168	883	$69,238	$412	$78	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	41	54,603	$150,022	$3,659	$3	1,332
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	275	6,442	$1,027,451	$3,736	$159	23
Targeted Case Management		T1017		15 minutes	6	53	$4,013	$669	$76	9
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	46	12,743	$159,620	$3,470	$13	277
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	30	8,596	$442,152	$14,738	$51	287
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	26	7,918	$689,130	$26,505	$87	305
Assessments		T1023		Encounter	3	5	$1,774	$591	$355	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	13	22	$6,758	$520	$307	2
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	$2,385	$2,385	$2,385	1
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$7,846	$7,846	$7,846	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	2	2	$1,644	$822	$822	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					1	0	$101	$101	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$268	$268	$0	0
Total Population and Cost					**278**		**$11,005,374**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	9	$5,678	$2,839	$631	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	2	18	$1,179	$590	$66	9
Medication Administration		90782		Encounter	3	7	$459	$153	$66	2
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	14	16	$4,491	$321	$281	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	2	2	$117	$59	$59	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	6	40	$3,371	$562	$84	7
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

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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		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
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	2	17	$3,259	$1,629	$192	9
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	72	251	$13,964	$194	$56	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			1	2	$423	$423	$211	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	6	6	$2,828	$471	$471	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	2	12	$54	$27	$4	6
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational 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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			1	1	$38	$38	$38	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	4	$152	$152	$38	4
Additional Codes-Physician Services		99232			1	2	$76	$76	$38	2
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	12	12	$2,664	$222	$222	1
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	2	2	$162	$81	$81	1
Home Based Services		H0036		15 Minutes	5	662	$35,718	$7,144	$54	132
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	5	702	$5,186	$1,037	$7	140
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	74	$7,364	$7,364	$100	74
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	26	76	$4,396	$169	$58	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	15	72	$7,338	$489	$102	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	117	360,256	$1,445,360	$12,354	$4	3,079
Community Living Supports (15 Minutes)		H2015		15 Minutes	60	1,250,547	$3,085,271	$51,421	$2	20,842
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	22	7,907	$1,158,004	$52,637	$146	359
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	3	14	$2,806	$935	$200	5
Supported Employment Services		H2023		15 minutes	50	37,664	$278,221	$5,564	$7	753
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	7	$1,260	$0	$180	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	6	$1,080	$0	$180	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	690	$1,368	$0	$2	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	1	$2,856	$0	$2,856	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	4	$357	$0	$89	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			2	5,802	$207,708	$103,854	$36	2,901

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	17	48	$3,551	$209	$74	3
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	7	11,057	$94,873	$13,553	$9	1,580
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	182	4,588	$363,061	$1,995	$79	25
Targeted Case Management		T1017		15 minutes	46	1,316	$108,185	$2,352	$82	29
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	22	7,907	$69,949	$3,180	$9	359
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	7	9	$6,186	$884	$687	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	32	275	$7,998	$250	$29	9
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	50	6,969	$60,059	$1,201	$9	139
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	$1,113	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	1	651	$8,015	$8,015	$12	651
Targeted Case Management (Children's Waiver)		T2023		Month	0	15	$10,500	$0	$700	0
Fiscal Intermediary Services		T2025		Month	3	16	$1,942	$647	$121	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$335	$335	$335	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**227**		**$7,018,975**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	7	2,033	$558,409	$79,773	$275	290
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	6	$3,244	$3,244	$541	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	6	77	$41,679	$6,947	$541	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	1	5	$1,209	$1,209	$242	5
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	260	312	$48,244	$186	$155	1
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$155	$155	$155	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	144	1,318	$135,027	$938	$102	9
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	103	776	$92,901	$902	$120	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	8	51	$9,801	$1,225	$192	6

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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		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
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	$141	$141	$141	1
Therapy-Family Therapy		90847		Encounter	25	131	$17,168	$687	$131	5
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	53	906	$65,579	$1,237	$72	17
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	352	1,798	$175,107	$497	$97	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	5	5	$2,206	$441	$441	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	4	20	$4,021	$1,005	$201	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			19	50	$10,052	$529	$201	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

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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	209	231	$161,606	$773	$700	1
Occupational Therapy		97004		Encounter	1	1	$314	$314	$314	1
Occupational or Physical Therapy		97110		15 Minutes	33	447	$28,809	$873	$64	14
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	1	8	$550	$550	$69	8
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	8	87	$9,724	$1,216	$112	11
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	67	940	$64,600	$964	$69	14
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	45	200	$13,604	$302	$68	4
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	3	$251	$251	$84	3
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	1	18	$663	$663	$37	18
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

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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	3	3	$216	$72	$72	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	16	22	$31,518	$1,970	$1,433	1
Activity Therapy (Children's Waiver)		G0176		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
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	7	155	$23,925	$3,418	$154	22
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	179	188	$63,311	$354	$337	1
Treatment Planning		H0032		Encounter	330	1,037	$297,126	$900	$287	3
Health Services		H0034		15 Minutes	34	380	$17,902	$527	$47	11
Home Based Services		H0036		15 Minutes	34	8,867	$231,418	$6,806	$26	261
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	1	30	$3,044	$3,044	$101	30
Respite		H0045		Per Diem	17	335	$35,022	$2,060	$105	20
Behavior Management Review		H2000		Encounter	22	31	$3,121	$142	$101	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	20	149	$5,981	$299	$40	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	396	1,471,305	$4,199,154	$10,604	$3	3,715
Community Living Supports (15 Minutes)		H2015		15 Minutes	378	501,198	$2,257,847	$5,973	$5	1,326
Community Living Supports (Daily)		H2016		Per Diem	54	16,108	$263,569	$4,881	$16	298
Community Living Supports (Daily)		H2016	*TF*	Per Diem	4	1,293	$68,986	$17,247	$53	323
Community Living Supports (Daily)		H2016	*TG*	Per Diem	158	49,510	$6,730,287	$42,597	$136	313
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	40,570	$125,439	$3,584	$3	1,159
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	29	31,696	$105,683	$3,644	$3	1,093
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	101	389	$56,160	$556	$144	4
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	83	31,571	$36,770	$443	$1	380
Respite		S5151		Per Diem	1	11	$671	$671	$61	11
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	2	$13,175	$13,175	$6,588	2
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	35	472	$32,792	$937	$69	13
Health Services		S9446		Encounter	2	58	$1,666	$833	$29	29
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
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	59	63	$29,284	$496	$465	1
Health Services		T1002		Up to 15 min	107	954	$100,468	$939	$105	9
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	112	82,038	$396,842	$3,543	$5	732
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	916	31,589	$2,880,758	$3,145	$91	34
Targeted Case Management		T1017		15 minutes	16	396	$27,453	$1,716	$69	25
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	10	152	$5,761	$576	$38	15
Personal Care in Licensed Specialized Residential Setting		T1020		Days	138	42,722	$467,154	$3,385	$11	310
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	53	15,291	$992,208	$18,721	$65	289
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	30	8,898	$971,671	$32,389	$109	297
Assessments		T1023		Encounter	5	6	$1,939	$388	$323	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	7	101	$11,972	$1,710	$119	14
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	12	86	$15,391	$1,283	$179	7
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	4	96	$16,493	$4,123	$172	24
Fiscal Intermediary Services		T2025		Month	13	107	$8,652	$666	$81	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	16	127	$7,899	$494	$62	8
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	2	2	$11,780	$5,890	$5,890	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**988**		**$21,995,572**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	730	$193,292	$96,646	$265	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	17	$7,667	$3,834	$451	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	1	2	$49	$49	$25	2
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	12	12	$4,007	$334	$334	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	1	1	$143	$143	$143	1
Therapy-Individual Therapy		90806		Encounter 45-50 Min	5	23	$2,729	$546	$119	5
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

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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
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	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	8	$849	$849	$106	8
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	80	255	$26,729	$334	$105	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	2	2	$271	$135	$135	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			9	10	$1,353	$150	$135	1
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

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Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$148	$148	$148	1
Physical Therapy		97002		Encounter	1	1	$112	$112	$112	1
Occupational Therapy		97003		Encounter	16	16	$2,433	$152	$152	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational 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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Medication administration		G0351			1	5	$179	$179	$36	5
Assessment		H0002		Encounter	2	2	$502	$251	$251	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	3	130	$19,839	$6,613	$153	43
Assessment		H0031		Encounter	11	11	$1,309	$119	$119	1
Treatment Planning		H0032		Encounter	8	8	$943	$118	$118	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	4	600	$20,273	$5,068	$34	150
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	4	1,368	$106,091	$26,523	$78	342
Respite		H0045		Per Diem	1	2	$103	$103	$51	2
Behavior Management Review		H2000		Encounter	20	69	$10,414	$521	$151	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	8	102	$10,414	$1,302	$102	13
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	52	149,611	$309,558	$5,953	$2	2,877
Community Living Supports (15 Minutes)		H2015		15 Minutes	93	215,141	$577,486	$6,210	$3	2,313
Community Living Supports (Daily)		H2016		Per Diem	1	122	$4,514	$4,514	$37	122
Community Living Supports (Daily)		H2016	*TF*	Per Diem	29	10,100	$747,237	$25,767	$74	348
Community Living Supports (Daily)		H2016	*TG*	Per Diem	11	2,965	$329,060	$29,915	$111	270
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	7	506	$16,978	$2,425	$34	72
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3	7,992	$34,860	$11,620	$4	2,664
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	2	191	$2,254	$1,127	$12	96
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	1	92	$16,105	$16,105	$175	92
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	21	21	$4,748	$226	$226	1
Health Services		T1002		Up to 15 min	1	12	$592	$592	$49	12
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	23	12,759	$74,347	$3,232	$6	555
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	139	5,464	$308,854	$2,222	$57	39
Targeted Case Management		T1017		15 minutes	39	1,158	$55,212	$1,416	$48	30
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	739	$27,341	$6,835	$37	185
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	11	3,734	$328,918	$29,902	$88	339
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	25	8,685	$963,874	$38,555	$111	347
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
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	20	100	$5,905	$295	$59	5
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**196**		**$4,217,689**			

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	365	$186,880	$186,880	$512	365
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	365	$87,235	$87,235	$239	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	4	$3,981	$3,981	$995	4
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	18	$13,787	$6,894	$766	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	13	14	$2,955	$227	$211	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	8	$734	$147	$92	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	18	88	$12,127	$674	$138	5
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

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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	9	$1,334	$267	$148	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	5	17	$541	$108	$32	3
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	166	498	$51,875	$313	$104	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	5	10	$3,812	$762	$381	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			11	13	$6,099	$554	$469	1
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	27	31	$4,994	$185	$161	1
Occupational Therapy		97004		Encounter	20	29	$2,418	$121	$83	1
Occupational or Physical Therapy		97110		15 Minutes	6	34	$582	$97	$17	6
Occupational or Physical Therapy		97112		15 Minutes	1	3	$53	$53	$18	3
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	1	10	$176	$176	$18	10
Occupational or Physical Therapy		97530		15 Minutes	5	26	$459	$92	$18	5
Occupational or Physical Therapy		97532		15 Minutes	2	17	$318	$159	$19	9
Occupational or Physical Therapy		97533		15 Minutes	5	57	$1,006	$201	$18	11
Occupational or Physical Therapy		97535		15 Minutes	3	14	$247	$82	$18	5
Occupational or Physical Therapy		97537		15 Minutes	1	1	$18	$18	$18	1
Occupational or Physical Therapy		97542		15 Minutes	10	103	$1,818	$182	$18	10
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	11	145	$10,235	$930	$71	13
Additional Codes-Physician Services		99212		Encounter	1	1	$42	$42	$42	1
Additional Codes-Physician Services		99213		Encounter	104	180	$8,894	$86	$49	2
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			2	2	$325	$163	$163	1
Additional Codes-Physician Services		99222			6	6	$1,525	$254	$254	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			6	32	$2,485	$414	$78	5
Additional Codes-Physician Services		99232			4	8	$932	$233	$117	2
Additional Codes-Physician Services		99233			2	2	$339	$170	$170	1
Additional Codes-Physician Services		99238		30 Minutes or less	5	6	$762	$152	$127	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	2	2	$438	$219	$219	1
Additional Codes-Physician Services		99253		Encounter	4	4	$1,129	$282	$282	1
Additional Codes-Physician Services		99254		Encounter	1	1	$346	$346	$346	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	2	2	$316	$158	$158	1
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
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	19	$3,755	$209	$198	1
Crisis Residential Services		H0018		Days	1	6	$2,118	$2,118	$353	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	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	3	628	$26,597	$8,866	$42	209
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	$507,790	$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	17	148	$12,536	$737	$85	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	91	154,491	$676,956	$7,439	$4	1,698
Community Living Supports (15 Minutes)		H2015		15 Minutes	116	346,886	$1,955,296	$16,856	$6	2,990
Community Living Supports (Daily)		H2016		Per Diem	13	3,251	$106,900	$8,223	$33	250
Community Living Supports (Daily)		H2016	*TF*	Per Diem	31	7,110	$514,962	$16,612	$72	229
Community Living Supports (Daily)		H2016	*TG*	Per Diem	57	17,469	$2,707,863	$47,506	$155	306
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	76	52,396	$591,755	$7,786	$11	689
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
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	12	$559	$559	$47	12
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	4	10	$1,768	$442	$177	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	1	$51	$51	$51	1
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	69	166,038	$305,299	$4,425	$2	2,406
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	327	10,863	$918,702	$2,809	$85	33
Targeted Case Management		T1017		15 minutes	41	1,096	$49,700	$1,212	$45	27
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	56	17,567	$433,282	$7,737	$25	314
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	23	6,002	$416,671	$18,116	$69	261
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	15	4,288	$527,432	$35,162	$123	286
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	10	83	$12,764	$1,276	$154	8
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	7	41	$5,527	$790	$135	6
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
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	5	6	$1,573	$315	$262	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**399**		**$10,191,073**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	284	$167,222	$167,222	$589	284
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	356	$96,456	$48,228	$271	178
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
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	3	24	$1,583	$528	$66	8
Medication Administration		90782		Encounter	5	9	$593	$119	$66	2
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	34	35	$11,827	$348	$338	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	5	51	$5,228	$1,046	$103	10
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	3	$523	$174	$174	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		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
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	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	17	154	$14,337	$843	$93	9
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	107	389	$27,712	$259	$71	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	21	21	$2,100	$100	$100	1
Speech & Language Therapy		92507		Encounter	23	94	$3,760	$163	$40	4
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	3	12	$816	$272	$68	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			8	38	$2,584	$323	$68	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	35	38	$4,825	$138	$127	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	135	141	$70,806	$524	$502	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	37	415	$10,375	$280	$25	11
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	149	1,930	$115,478	$775	$60	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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	44	110	$2,269	$52	$21	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	1	1	$26	$26	$26	1
Additional Codes-Physician Services		99213		Encounter	17	17	$629	$37	$37	1
Additional Codes-Physician Services		99214		Encounter	43	43	$2,740	$64	$64	1
Additional Codes-Physician Services		99215		Encounter	4	4	$207	$52	$52	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			1	1	$137	$137	$137	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	6	$127	$127	$21	6
Additional Codes-Physician Services		99232			1	6	$26	$26	$4	6
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	9	3,764	$1,889	$210	$1	418
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
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	59	65	$10,243	$174	$158	1
Treatment Planning		H0032		Encounter	142	321	$77,282	$544	$241	2
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	3	218	$16,075	$5,358	$74	73
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	63	213	$13,601	$216	$64	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	12	122	$9,181	$765	$75	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	151	516,313	$2,510,568	$16,626	$5	3,419
Community Living Supports (15 Minutes)		H2015		15 Minutes	25	564,517	$1,206,314	$48,253	$2	22,581
Community Living Supports (Daily)		H2016		Per Diem	21	6,782	$98,213	$4,677	$14	323
Community Living Supports (Daily)		H2016	*TF*	Per Diem	11	4,015	$224,837	$20,440	$56	365
Community Living Supports (Daily)		H2016	*TG*	Per Diem	48	15,438	$1,724,347	$35,924	$112	322
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	3,336	$46,910	$2,040	$14	145
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	2	2	$14	$7	$7	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
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	14	$4,790	$0	$342	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	43	50	$10,315	$240	$206	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
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	79	121	$35,150	$445	$290	2
Health Services		T1002		Up to 15 min	85	1,452	$89,659	$1,055	$62	17
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	20	14,199	$33,343	$1,667	$2	710
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	206	5,914	$546,889	$2,655	$92	29
Targeted Case Management		T1017		15 minutes	6	97	$9,514	$1,586	$98	16
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	47	15,934	$212,485	$4,521	$13	339
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	20	7,284	$384,063	$19,203	$53	364
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	10	2,092	$194,435	$19,443	$93	209
Assessments		T1023		Encounter	3	4	$928	$309	$232	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	47	255	$9,035	$192	$35	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
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	12	$3,499	$0	$292	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					1	0	$6	$6	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**231**		**$8,015,974**			

Van Buren

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	333	$193,400	$193,400	$581	333
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	363	$98,511	$98,511	$271	363
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	$0	$0	$0	0
ECT Anesthesia	0370				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	$0	$0	$0	0
ECT Recovery Room	0710				0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	$0	$0	$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	$0	$0	$0	0
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	23	26	$6,500	$283	$250	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	19	101	$5,150	$271	$51	5
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	12	53	$5,300	$442	$100	4
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	4	$600	$150	$150	1

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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
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	2	$200	$200	$100	2
Therapy-Family Therapy		90847		Encounter	5	11	$1,100	$220	$100	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	12	$480	$160	$40	4
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	100	387	$24,188	$242	$63	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
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	1	5	$500	$500	$100	5
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	2	2	$900	$450	$450	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	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

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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	60	62	$4,650	$78	$75	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	49	293	$7,325	$149	$25	6
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	2	$140	$140	$70	2
Additional Codes-Physician Services		99232			1	1	$70	$70	$70	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

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Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	$254	$254	$254	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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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	5	5	$375	$75	$75	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	24	29	$4,350	$181	$150	1
Treatment Planning		H0032		Encounter	54	74	$7,400	$137	$100	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	12	$960	$960	$80	12
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	5	1,529	$133,855	$26,771	$88	306
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	94	123	$17,835	$190	$145	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	15	87	$2,175	$145	$25	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	70	94,050	$752,400	$10,749	$8	1,344
Community Living Supports (15 Minutes)		H2015		15 Minutes	120	136,696	$940,151	$7,835	$7	1,139
Community Living Supports (Daily)		H2016		Per Diem	12	3,748	$118,416	$9,868	$32	312
Community Living Supports (Daily)		H2016	*TF*	Per Diem	16	3,765	$229,450	$14,341	$61	235
Community Living Supports (Daily)		H2016	*TG*	Per Diem	22	6,736	$953,270	$43,330	$142	306
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	8	$640	$640	$80	8
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	68	33,629	$269,032	$3,956	$8	495
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	2,531	$20,248	$10,124	$8	1,266
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	1	3	$450	$450	$150	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	3	19	$6,501	$2,167	$342	6
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	3	3	$13,981	$4,660	$4,660	1
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$504	$504	$504	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	7	$350	$175	$50	4
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
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	80	84	$6,300	$79	$75	1
Health Services		T1002		Up to 15 min	72	457	$11,425	$159	$25	6
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	21	23,003	$126,783	$6,037	$6	1,095
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	213	4,661	$379,650	$1,782	$81	22
Targeted Case Management		T1017		15 minutes	49	1,025	$82,000	$1,673	$80	21
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	6	31	$2,480	$413	$80	5
Personal Care in Licensed Specialized Residential Setting		T1020		Days	25	6,967	$116,636	$4,665	$17	279
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	16	4,791	$220,899	$13,806	$46	299
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	8	1,819	$149,544	$18,693	$82	227
Assessments		T1023		Encounter	3	3	$450	$150	$150	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	11	11	$6,290	$572	$572	1
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	4	44	$15,224	$3,806	$346	11
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**245**		**$4,939,290**			

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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	9	2,357	$777,810	$86,423	$330	262
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	2	13	$7,018	$3,509	$540	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	9	51	$36,111	$4,012	$708	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	2	12	$1,090	$545	$91	6
Medication Administration		90782		Encounter	2	5	$245	$122	$49	3
Medication Administration		90788		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	200	229	$63,999	$320	$279	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	32	121	$12,681	$396	$105	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	60	854	$149,168	$2,486	$175	14
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	8	29	$7,092	$886	$245	4

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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		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
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	1	1	$210	$210	$210	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	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	11	130	$27,249	$2,477	$210	12
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	5	17	$1,188	$238	$70	3
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	205	963	$107,654	$525	$112	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	1	18	$799	$799	$44	18
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	4	17	$3,563	$891	$210	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			7	33	$9,223	$1,318	$279	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	8	10	$8,734	$1,092	$873	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	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	44	55	$12,297	$279	$224	1
Occupational Therapy		97004		Encounter	51	158	$26,493	$519	$168	3
Occupational or Physical Therapy		97110		15 Minutes	4	64	$1,168	$292	$18	16
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	8	520	$7,530	$941	$14	65
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	6	187	$3,776	$629	$20	31
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	10	74	$3,102	$310	$42	7
Assessment or Health Services		97803		15 Minutes	93	1,595	$44,580	$479	$28	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	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	3	21	$1,907	$636	$91	7
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	14	387	$29,532	$2,109	$76	28

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	1	15	$2,565	$2,565	$171	15
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	212	260	$36,332	$171	$140	1
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	229	$4,001	$4,001	$17	229
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	124	681	$142,744	$1,151	$210	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	63	388	$21,526	$342	$55	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	69	94,481	$660,422	$9,571	$7	1,369
Community Living Supports (15 Minutes)		H2015		15 Minutes	173	1,400,984	$6,052,251	$34,984	$4	8,098
Community Living Supports (Daily)		H2016		Per Diem	36	10,116	$152,043	$4,223	$15	281
Community Living Supports (Daily)		H2016	*TF*	Per Diem	26	5,727	$309,029	$11,886	$54	220
Community Living Supports (Daily)		H2016	*TG*	Per Diem	64	17,769	$2,008,961	$31,390	$113	278
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	223	203,575	$673,647	$3,021	$3	913
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	8	4,976	$23,835	$2,979	$5	622
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	12	59	$12,367	$1,031	$210	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	11	106	$41,457	$3,769	$391	10
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	3	3	$84	$28	$28	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
Health Services		T1000		Up to 15 min	1	8,240	$92,453	$92,453	$11	8,240
Assessment		T1001		Encounter	17	17	$3,563	$210	$210	1
Health Services		T1002		Up to 15 min	219	5,787	$283,042	$1,292	$49	26
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	120	239,427	$505,191	$4,210	$2	1,995
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	610	16,975	$2,291,625	$3,757	$135	28
Targeted Case Management		T1017		15 minutes	12	95	$12,825	$1,069	$135	8
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	2	15	$2,025	$1,013	$135	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	33	9,583	$192,235	$5,825	$20	290
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	27	6,642	$363,052	$13,446	$55	246
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	55	15,487	$1,884,148	$34,257	$122	282
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
Out of Home Prevocational Service		T2015		Hour	129	88,085	$2,294,614	$17,788	$26	683
Targeted Case Management (Children's Waiver)		T2023		Month	23	169	$22,815	$992	$135	7
Fiscal Intermediary Services		T2025		Month	70	464	$41,922	$599	$90	7
Enhanced Medical Equipment-Supplies		T2028		Items	27	210	$53,855	$1,995	$256	8
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**697**		**$19,528,847**			

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	3	517	$174,606	$58,202	$338	172
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	3	19	$10,159	$3,386	$535	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	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	12	14	$5,185	$432	$370	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	19	149	$24,260	$1,277	$163	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	32	$7,815	$3,908	$244	16

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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
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	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	5	57	$7,588	$1,518	$133	11
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	76	327	$46,140	$607	$141	4
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1	1	$187	$187	$187	1
Speech & Language Therapy		92506		Encounter	11	11	$1,838	$167	$167	1
Speech & Language Therapy		92507		Encounter	8	25	$2,334	$292	$93	3
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	1	4	$670	$670	$168	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			3	15	$2,511	$837	$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	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

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	13	14	$1,439	$111	$103	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	41	44	$12,071	$294	$274	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	8	54	$1,805	$226	$33	7
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	1	14	$468	$468	$33	14
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	52	463	$21,863	$420	$47	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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	29	46	$1,389	$48	$30	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	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

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	53	91	$23,487	$443	$258	2
Treatment Planning		H0032		Encounter	44	49	$7,562	$172	$154	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	27	45	$6,824	$253	$152	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	7	123	$5,138	$734	$42	18
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	90	31,554	$242,335	$2,693	$8	351
Community Living Supports (15 Minutes)		H2015		15 Minutes	131	178,049	$1,367,417	$10,438	$8	1,359
Community Living Supports (Daily)		H2016		Per Diem	4	485	$8,357	$2,089	$17	121
Community Living Supports (Daily)		H2016	*TF*	Per Diem	3	1,033	$76,989	$25,663	$75	344
Community Living Supports (Daily)		H2016	*TG*	Per Diem	42	14,094	$1,760,341	$41,913	$125	336
Behavior Services		H2019		15 Minutes	1	5	$1,291	$1,291	$258	5
Wraparound		H2021		15 Minutes	1	40	$3,396	$3,396	$85	40
Wraparound		H2022		Days	1	6	$509	$509	$85	6
Supported Employment Services		H2023		15 minutes	64	14,406	$110,638	$1,729	$8	225
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	15	46	$9,666	$644	$210	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2	7	$1,471	$736	$210	4
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	42	61,661	$111,606	$2,657	$2	1,468
Respite		S5151		Per Diem	1	15	$27	$27	$2	15
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	32	99	$5,396	$169	$55	3
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	37	40	$5,916	$160	$148	1
Health Services		T1002		Up to 15 min	54	1,293	$81,110	$1,502	$63	24
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	3	13,048	$58,063	$19,354	$4	4,349
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	34	1,482	$84,385	$2,482	$57	44
Targeted Case Management		T1017		15 minutes	181	9,003	$512,631	$2,832	$57	50
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	1,879	$71,083	$6,462	$38	171
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	14	4,910	$309,526	$22,109	$63	351
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	25	8,578	$851,281	$34,051	$99	343
Assessments		T1023		Encounter	3	4	$524	$175	$131	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	1	$17	$17	$17	1
Transportation		T2001			0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	74	18,545	$114,237	$1,544	$6	251
Transportation		T2004			0	0	$0	$0	$0	0
Transportation		T2005			0	0	$0	$0	$0	0
PASRR Level II Screens		T2011		Evaluation	9	10	$10,712	$1,190	$1,071	1
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	3	25	$11,270	$3,757	$451	8
Fiscal Intermediary Services		T2025		Month	9	120	$7,424	$825	$62	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
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					1	0	$1,031	$1,031	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**238**		**$6,183,988**			

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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	134	$75,576	$37,788	$564	67
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	730	$194,180	$97,090	$266	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	20	$12,500	$12,500	$625	20
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	1	20	$12,520	$12,520	$626	20
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	9	17	$2,984	$332	$176	2
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	4	$258	$258	$65	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	4	14	$1,806	$452	$129	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

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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		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
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	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	76	299	$23,668	$311	$79	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	11	11	$1,419	$129	$129	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	$0	$0	$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	$0	$0	$0	0
Assessments-Testing		96100		Hour	1	4	$516	$516	$129	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			8	27	$3,719	$465	$138	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	5	7	$1,226	$245	$175	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	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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	7	8	$1,032	$147	$129	1
Occupational Therapy		97004		Encounter	9	17	$2,161	$240	$127	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	1	4	$129	$129	$32	4
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97504		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	3	7	$225	$75	$32	2
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	2	37	$1,193	$597	$32	19
Occupational or Physical Therapy		97535		15 Minutes	2	23	$742	$371	$32	12
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	$0	$0	$0	0
Medication Administration		99506		Encounter	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120			0	0	$0	$0	$0	0
Transportation		A0130			0	0	$0	$0	$0	0
Transportation		A0140			0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
General dental services		D0150			0	0	$0	$0	$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	$0	$0	$0	0
Intraoral periapical		D0220			0	0	$0	$0	$0	0
Intraoral periapical		D0230			0	0	$0	$0	$0	0
Bitewings		D0274			0	0	$0	$0	$0	0
Prophylaxis Adult		D1110			0	0	$0	$0	$0	0
Resin based comp-one surface, ant		D2330			0	0	$0	$0	$0	0
Resin based comp-two surfaces, ant		D2331			0	0	$0	$0	$0	0
Resin based comp-three surfaces, an		D2332			0	0	$0	$0	$0	0
Resin based comp-one surface, post		D2391			0	0	$0	$0	$0	0
Resin based comp-two surfaces, post		D2392			0	0	$0	$0	$0	0
Resin based comp-three surfaces, post		D2393			0	0	$0	$0	$0	0
Crown, porc, fused to high		D2750			0	0	$0	$0	$0	0
Peridontal, main		D4910			0	0	$0	$0	$0	0
Surgical removal of erupted tooth		D7210			0	0	$0	$0	$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	$0	$0	$0	0
Behavior Management/dental, by report		D9920			0	0	$0	$0	$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	11	12	$1,548	$141	$129	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	13	15	$2,208	$170	$147	1
Treatment Planning		H0032		Encounter	19	26	$3,354	$177	$129	1
Health Services		H0034		15 Minutes	44	52	$1,677	$38	$32	1
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	8	1,051	$4,204	$526	$4	131
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	1	280	$21,000	$21,000	$75	280
Respite		H0045		Per Diem	7	489	$111,081	$15,869	$227	70
Behavior Management Review		H2000		Encounter	8	24	$5,856	$732	$244	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	11	94	$5,593	$508	$60	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	53	52,769	$401,044	$7,567	$8	996
Community Living Supports (15 Minutes)		H2015		15 Minutes	117	243,856	$1,277,805	$10,921	$5	2,084
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	*TF*	Per Diem	5	839	$58,562	$11,712	$70	168
Community Living Supports (Daily)		H2016	*TG*	Per Diem	34	7,782	$923,801	$27,171	$119	229
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	2,252	$90,080	$3,603	$40	90
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	11	16,438	$82,190	$7,472	$5	1,494
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	8	48	$6,192	$774	$129	6
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	3	86	$11,094	$3,698	$129	29
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	120	$390	$390	$3	120
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	2	11	$926	$463	$84	6
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124			0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	2	365	$16,316	$8,158	$45	183
Health Services		T1000		Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	5	5	$645	$129	$129	1
Health Services		T1002		Up to 15 min	1	5	$148	$148	$30	5
Health Services		T1003		Up to 15 min	0	0	$0	$0	$0	0
Health Services		T1005		15 minutes	26	35,569	$177,845	$6,840	$5	1,368
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	21	544	$37,536	$1,787	$69	26
Targeted Case Management		T1017		15 minutes	144	3,591	$233,415	$1,621	$65	25
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	3,264	$101,184	$9,199	$31	297
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	14	4,117	$244,138	$17,438	$59	294
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	4	1,202	$132,220	$33,055	$110	301
Assessments		T1023		Encounter	2	2	$258	$129	$129	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001			12	12	$4,399	$367	$367	1
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	1	120	$2,302	$2,302	$19	120
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
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	3	36	$9,818	$3,273	$273	12
Fiscal Intermediary Services		T2025		Month	1	6	$750	$750	$125	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	$274	$137	$137	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	6	7	$1,317	$220	$188	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	2	3	$502	$251	$167	2
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					**178**		**$4,307,528**			