

SECTION 404 (2)(c) Part 4  
TOTAL CMHSP COSTS BY SERVICE  
CATEGORY AND CMHSP  
FY 2014

Persons with Developmental Disabilities  
(DD)

## Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2014 MDCH/CMHSP contract. Cost data were collected for the reporting period October 1, 2013 to September 30, 2014 and submitted to MDCH by March 2, 2015. The data in this section represent the total costs associated with providing mental health services to individuals with a developmental disorder (DD) by service category for each of the 46 CMHSPs within the State of Michigan.

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

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan 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	262	\$122,667	\$61,334	\$468	131
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	13	\$10,184	\$10,184	\$783	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	40	\$30,557	\$30,557	\$764	40
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	1	3	\$1,125	\$1,125	\$375	3
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			55	57	\$23,567	\$428	\$413	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	21	124	\$12,609	\$600	\$102	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	20	128	\$20,453	\$1,023	\$160	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	45	277	\$55,715	\$1,238	\$201	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	12	25	\$5,894	\$491	\$236	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	17	47	\$10,294	\$606	\$219	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	4	35	\$5,632	\$1,408	\$161	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	7	52	\$8,238	\$1,177	\$158	7
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	4	4	\$558	\$140	\$140	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	5	6	\$954	\$191	\$159	1
Assessment for Autism		96101	U5	Encounter 75-80 Min	3	5	\$775	\$258	\$155	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	3	51	\$1,482	\$494	\$29	17
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	13	13	\$3,529	\$271	\$271	1
Occupational Therapy		97004		Encounter	32	32	\$3,727	\$116	\$116	1
Occupational or Physical Therapy		97110		Encounter	14	95	\$2,993	\$214	\$32	7
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	2	4	\$126	\$63	\$32	2
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	12	513	\$6,125	\$510	\$12	43
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	9	52	\$1,639	\$182	\$32	6
Occupational or Physical Therapy		97535		Encounter	2	8	\$252	\$126	\$32	4
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	1	3	\$95	\$95	\$32	3
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	1	5	\$158	\$158	\$32	5
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	4	13	\$410	\$102	\$32	3
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	2	3	\$234	\$117	\$78	2
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2	2	\$162	\$81	\$81	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	182	595	\$54,519	\$300	\$92	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	96	166	\$21,332	\$222	\$129	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	1	2	\$180	\$180	\$90	2
Additional Codes-Physician Services		99222		15 Minutes	2	2	\$116	\$58	\$58	1
Additional Codes-Physician Services		99223		Encounter	4	4	\$310	\$77	\$77	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	7	28	\$1,486	\$212	\$53	4
Additional Codes-Physician Services		99232		15 Minutes	3	9	\$284	\$95	\$32	3
Additional Codes-Physician Services		99233		15 Minutes	3	8	\$650	\$217	\$81	3
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	12	15	\$2,112	\$176	\$141	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	2	11	\$4,378	\$2,189	\$398	6
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	68	71	\$24,436	\$359	\$344	1
Assessment for Autism		H0031	U5	Encounter	14	39	\$15,298	\$1,093	\$392	3
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	192	328	\$118,751	\$618	\$362	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	36	44	\$15,930	\$443	\$362	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	1	124	\$8,729	\$8,729	\$70	124
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	3	700	\$55,536	\$18,512	\$79	233
Community Living Supports in Independent living/own home		H0043		Encounter	38	12,070	\$2,132,746	\$56,125	\$177	318
Respite		H0045		Encounter	1	20	\$1,200	\$1,200	\$60	20
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	25	85	\$9,593	\$384	\$113	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	29	149	\$16,816	\$580	\$113	5
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	2	12	\$603	\$302	\$50	6

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	167	101,223	\$857,836	\$5,137	\$8	606
Community Living Supports (15 Minutes)		H2015		Encounter	252	715,344	\$2,449,271	\$9,719	\$3	2,839
Community Living Supports (Daily)		H2016		Encounter	20	6,403	\$578,771	\$28,939	\$90	320
Community Living Supports (Daily)		H2016	TF	15 Minutes	13	3,705	\$318,252	\$24,481	\$86	285
Community Living Supports (Daily)		H2016	TG	Per mile	37	10,423	\$944,449	\$25,526	\$91	282
Behavior Services		H2019		Per mile	6	507	\$23,795	\$3,966	\$47	85
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	2	621	\$13,973	\$6,986	\$23	311
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	6	3,267	\$73,718	\$12,286	\$23	545
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	123	21,356	\$580,362	\$4,718	\$27	174
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	8	369	\$14,800	\$1,850	\$40	46
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	27	273	\$83,281	\$3,084	\$305	10
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	3	4	\$21,600	\$7,200	\$5,400	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	1	3	\$305	\$305	\$102	3
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	1	14,371	\$115,160	\$115,160	\$8	14,371
Private Duty Nursing		T1000	TE	Encounter	1	4,782	\$42,219	\$42,219	\$9	4,782
Assessment		T1001		Encounter	34	41	\$38,667	\$1,137	\$943	1
Health Services		T1002		15 Minutes	51	776	\$143,075	\$2,805	\$184	15
Respite Care		T1005		Encounter	86	44,424	\$121,498	\$1,413	\$3	517
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	2	3,406	\$12,077	\$6,038	\$4	1,703
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	15	10,177	\$21,474	\$1,432	\$2	678
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	478	12,396	\$928,060	\$1,942	\$75	26
Targeted Case Management		T1017		Per Diem	4	82	\$3,940	\$985	\$48	21
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	2	12	\$577	\$288	\$48	6
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	30	8,006	\$166,005	\$5,533	\$21	267
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	17	5,712	\$291,219	\$17,131	\$51	336
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	22	6,812	\$986,772	\$44,853	\$145	310
Assessments		T1023		15 Minutes	22	35	\$10,521	\$478	\$301	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	3	33	\$220	\$73	\$7	11
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Allegan										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	1	63	\$418	\$418	\$7	63
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	102	1,009	\$121,580	\$1,192	\$120	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	4	6	\$1,328	\$332	\$221	2
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	20	135	\$16,316	\$816	\$121	7
Respite Care		T2037		Days	2	6	\$564	\$282	\$94	3
Housing Assistance		T2038		Days	6	29	\$10,275	\$1,713	\$354	5
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	5	0	\$31,410	\$6,282	\$0	0
<b>Total Population and Cost</b>					<b>368</b>		<b>\$11,838,945</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley 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		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			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			1	1	\$421	\$421	\$421	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	9	9	\$3,656	\$406	\$406	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	21	57	\$5,393	\$257	\$95	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	10	27	\$4,260	\$426	\$158	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	14	49	\$13,281	\$949	\$271	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	2	\$352	\$176	\$176	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	7	26	\$4,549	\$650	\$175	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	1	4	\$275	\$275	\$69	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	8	83	\$16,890	\$2,111	\$203	10
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	93	484	\$62,879	\$676	\$130	5
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	5	25	\$3,566	\$713	\$143	5
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$204	\$102	\$102	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	1	3	\$883	\$883	\$294	3
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	35	36	\$9,951	\$284	\$276	1
Assessment for Autism		H0031	U5	Encounter	4	4	\$1,349	\$337	\$337	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	0	0	\$0	\$0	\$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	27	36	\$3,374	\$125	\$94	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	1	41	\$2,172	\$2,172	\$53	41
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	66	\$4,959	\$4,959	\$75	66
Community Living Supports in Independent living/own home		H0043		Encounter	58	17,469	\$4,283,954	\$73,861	\$245	301
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	15	41	\$10,210	\$681	\$249	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	10	71	\$17,681	\$1,768	\$249	7
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	14	15	\$4,131	\$295	\$275	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	16	1,035	\$6,152	\$385	\$6	65
Community Living Supports (15 Minutes)		H2015		Encounter	124	231,563	\$2,021,638	\$16,304	\$9	1,867
Community Living Supports (Daily)		H2016		Encounter	2	184	\$18,660	\$9,330	\$101	92
Community Living Supports (Daily)		H2016	TF	15 Minutes	16	4,162	\$601,393	\$37,587	\$144	260
Community Living Supports (Daily)		H2016	TG	Per mile	32	7,666	\$1,665,140	\$52,036	\$217	240
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	2	718	\$42,348	\$21,174	\$59	359
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	3	1,778	\$173,811	\$57,937	\$98	593
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	1	42	\$1,203	\$1,203	\$29	42
Supported Employment Services		H2023		Per one-way trip	89	26,804	\$502,819	\$5,650	\$19	301
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	4	188	\$10,292	\$2,573	\$55	47
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	13	97	\$19,219	\$1,478	\$198	7
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	80	89	\$8,822	\$110	\$99	1
Health Services		T1002		15 Minutes	80	548	\$13,985	\$175	\$26	7
Respite Care		T1005		Encounter	4	5,447	\$22,615	\$5,654	\$4	1,362
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	16	2,064	\$142,293	\$8,893	\$69	129
Targeted Case Management		T1017		Per Diem	192	5,610	\$539,546	\$2,810	\$96	29
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	33	7,582	\$250,460	\$7,590	\$33	230
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	8	1,554	\$142,263	\$17,783	\$92	194
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	8	1,954	\$322,435	\$40,304	\$165	244
Assessments		T1023		15 Minutes	3	3	\$426	\$142	\$142	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	17	154	\$19,929	\$1,172	\$129	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>257</b>		<b>\$10,979,839</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

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	13	\$6,578	\$6,578	\$506	13
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	7	\$6,834	\$6,834	\$976	7
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			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			2	2	\$441	\$220	\$220	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	4	4	\$1,786	\$447	\$447	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	15	28	\$3,049	\$203	\$109	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	21	89	\$14,048	\$669	\$158	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	1	5	\$1,092	\$1,092	\$218	5
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	13	48	\$15,671	\$1,205	\$326	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	3	5	\$1,092	\$364	\$218	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	8	37	\$8,045	\$1,006	\$217	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	1	5	\$546	\$546	\$109	5
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	4	4	\$446	\$111	\$111	1
Speech & Language Therapy		92507		Encounter 75-80 Min	13	314	\$15,015	\$1,155	\$48	24
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Encounter 75-80 Min	6	7	\$1,925	\$321	\$275	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	5	10	\$1,310	\$262	\$131	2
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	5	10	\$5,054	\$1,011	\$505	2
Assessments-Other		96111		45 Minutes	5	5	\$1,783	\$357	\$357	1
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	8	8	\$858	\$107	\$107	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	13	444	\$38,025	\$2,925	\$86	34
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	3	10	\$362	\$121	\$36	3
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	1	8	\$521	\$521	\$65	8
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	10	14	\$3,280	\$328	\$234	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	21	51	\$14,897	\$709	\$292	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	7	13	\$1,366	\$195	\$105	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	1	\$8	\$8	\$8	1
Additional Codes-Physician Services		99232		15 Minutes	1	1	\$14	\$14	\$14	1
Additional Codes-Physician Services		99233		15 Minutes	1	3	\$42	\$42	\$14	3
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$109	\$109	\$109	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	156	\$6,521	\$6,521	\$42	156
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	134	138	\$34,919	\$261	\$253	1
Assessment for Autism		H0031	U5	Encounter	8	11	\$1,747	\$218	\$159	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	22	25	\$6,943	\$316	\$278	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	2	33	\$712	\$356	\$22	17
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	2	226	\$70,665	\$35,332	\$313	113
Respite		H0045		Encounter	1	20	\$6,662	\$6,662	\$333	20
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	2	\$1,310	\$1,310	\$655	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	24	164	\$23,386	\$974	\$143	7
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	6	24	\$2,896	\$483	\$121	4

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1	3,370	\$7,003	\$7,003	\$2	3,370
Community Living Supports (15 Minutes)		H2015		Encounter	70	54,690	\$621,814	\$8,883	\$11	781
Community Living Supports (Daily)		H2016		Encounter	5	1,737	\$26,560	\$5,312	\$15	347
Community Living Supports (Daily)		H2016	TF	15 Minutes	7	2,399	\$113,253	\$16,179	\$47	343
Community Living Supports (Daily)		H2016	TG	Per mile	14	4,219	\$598,596	\$42,757	\$142	301
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	1	62	\$2,073	\$2,073	\$33	62
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	5	863	\$28,849	\$5,770	\$33	173
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	2	897	\$3,063	\$1,532	\$3	449
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	1	134	\$7,621	\$7,621	\$57	134
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	3	5	\$365	\$122	\$73	2
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	5	23	\$4,586	\$917	\$199	5
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	4	4	\$1,123	\$281	\$281	1
Health Services		S9446		15 minutes	5	111	\$7,534	\$1,507	\$68	22
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	2	2	\$361	\$180	\$180	1
Health Services		T1002		15 Minutes	5	5	\$206	\$41	\$41	1
Respite Care		T1005		Encounter	18	16,721	\$52,761	\$2,931	\$3	929
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	1	1,008	\$8,990	\$8,990	\$9	1,008
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	77	642	\$188,199	\$2,444	\$293	8
Targeted Case Management		T1017		Per Diem	61	907	\$255,251	\$4,184	\$281	15
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	6	29	\$3,637	\$606	\$125	5
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	3	593	\$17,966	\$5,989	\$30	198
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	3	763	\$37,699	\$12,566	\$49	254
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	21	7,028	\$970,137	\$46,197	\$138	335
Assessments		T1023		15 Minutes	2	3	\$1,096	\$548	\$365	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	1	7	\$339	\$339	\$48	7

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	63	3,993	\$101,428	\$1,610	\$25	63
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	2	15	\$1,958	\$979	\$131	8
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>165</b>		<b>\$3,362,428</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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		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	14	113	\$50,479	\$3,606	\$447	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			36	36	\$14,084	\$391	\$391	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	32	91	\$8,218	\$257	\$90	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	65	462	\$38,386	\$591	\$83	7
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	29	111	\$37,208	\$1,283	\$335	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	3	3	\$643	\$214	\$214	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	7	20	\$3,029	\$433	\$151	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	2	13	\$1,237	\$619	\$95	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Bay-Arenac										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	8	40	\$7,362	\$920	\$184	5
Assessment for Autism		96101	U5	Encounter 75-80 Min	7	12	\$1,032	\$147	\$86	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	19	147	\$6,575	\$346	\$45	8
Physical Therapy		97001		First 30-74 Min.	47	50	\$24,237	\$516	\$485	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	53	54	\$29,295	\$553	\$542	1
Occupational Therapy		97004		Encounter	1	1	\$271	\$271	\$271	1
Occupational or Physical Therapy		97110		Encounter	1	356	\$16,635	\$16,635	\$47	356
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Bay-Arenac										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	93	720	\$18,825	\$202	\$26	8
Assessment or Health Services		97803		First Hour	58	243	\$6,350	\$109	\$26	4
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	1	2	\$345	\$345	\$173	2
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	2	2	\$518	\$259	\$259	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	1	1	\$11	\$11	\$11	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	26	36	\$3,676	\$141	\$102	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	270	1,047	\$95,163	\$352	\$91	4
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	107	177	\$35,032	\$327	\$198	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	5	6	\$1,859	\$372	\$310	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	13	18	\$1,159	\$89	\$64	1
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	7	56	\$1,555	\$222	\$28	8
Additional Codes-Physician Services		99232		15 Minutes	11	58	\$2,877	\$262	\$50	5
Additional Codes-Physician Services		99233		15 Minutes	4	9	\$681	\$170	\$76	2
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	1	1	\$859	\$859	\$859	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	39	41	\$7,228	\$185	\$176	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	2	8	\$2,655	\$1,327	\$332	4
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	128	143	\$51,134	\$399	\$358	1
Assessment for Autism		H0031	U5	Encounter	13	21	\$3,042	\$234	\$145	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	253	514	\$91,824	\$363	\$179	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	163	616	\$66,780	\$410	\$108	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	5	330	\$23,159	\$4,632	\$70	66
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	14	3,865	\$35,744	\$2,553	\$9	276
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	4	113	\$13,493	\$3,373	\$119	28
Community Living Supports in Independent living/own home		H0043		Encounter	34	10,739	\$1,087,788	\$31,994	\$101	316
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	78	476	\$48,675	\$624	\$102	6
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	80	534	\$44,729	\$559	\$84	7
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	17	59	\$4,761	\$280	\$81	3

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	338	988,503	\$4,041,289	\$11,956	\$4	2,925
Community Living Supports (15 Minutes)		H2015		Encounter	122	709,099	\$1,929,314	\$15,814	\$3	5,812
Community Living Supports (Daily)		H2016		Encounter	7	1,515	\$46,349	\$6,621	\$31	216
Community Living Supports (Daily)		H2016	TF	15 Minutes	21	5,805	\$315,481	\$15,023	\$54	276
Community Living Supports (Daily)		H2016	TG	Per mile	140	43,935	\$5,086,045	\$36,329	\$116	314
Behavior Services		H2019		Per mile	1	7	\$814	\$814	\$116	7
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	5	7,878	\$62,905	\$12,581	\$8	1,576
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	100	79,777	\$421,384	\$4,214	\$5	798
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	22	26,239	\$72,315	\$3,287	\$3	1,193
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	5	738	\$50,944	\$10,189	\$69	148
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	19	37	\$13,717	\$722	\$371	2
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	2	8	\$497	\$249	\$62	4
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	1	1	\$3,686	\$3,686	\$3,686	1



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Bay-Arenac										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	1	1	\$553	\$553	\$553	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	2	1,991	\$73,928	\$36,964	\$37	996
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	1	3,103	\$102,268	\$102,268	\$33	3,103
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	77	192	\$9,982	\$130	\$52	2
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	1	1,477	\$11,103	\$11,103	\$8	1,477
Private Duty Nursing		T1000	TD	Per Diem	1	3,019	\$24,159	\$24,159	\$8	3,019
Private Duty Nursing		T1000	TE	Encounter	1	9,929	\$63,702	\$63,702	\$6	9,929
Assessment		T1001		Encounter	197	207	\$68,484	\$348	\$331	1
Health Services		T1002		15 Minutes	186	3,795	\$444,069	\$2,387	\$117	20
Respite Care		T1005		Encounter	145	114,947	\$281,948	\$1,944	\$2	793
Respite Care		T1005	TD	Encounter	3	588	\$4,978	\$1,659	\$8	196
Respite Care		T1005	TE	15 minutes	3	8,897	\$47,341	\$15,780	\$5	2,966
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	10	2,081	\$4,624	\$462	\$2	208
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	584	20,318	\$2,515,428	\$4,307	\$124	35
Targeted Case Management		T1017		Per Diem	114	1,996	\$177,186	\$1,554	\$89	18
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	7	76	\$7,003	\$1,000	\$92	11
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	153	31,858	\$664,881	\$4,346	\$21	208
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	34	10,062	\$512,355	\$15,069	\$51	296
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	22	8,756	\$985,261	\$44,785	\$113	398
Assessments		T1023		15 Minutes	34	47	\$28,378	\$835	\$604	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	132	1,387	\$52,319	\$396	\$38	11
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	3	15	\$7,298	\$2,433	\$487	5
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	51	576	\$72,616	\$1,424	\$126	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	1	2	\$248	\$248	\$124	2
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	1	2	\$314	\$314	\$157	2
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>739</b>		<b>\$20,093,783</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Berrien**

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		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	35	\$33,384	\$16,692	\$954	18
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	12	146	\$101,338	\$8,445	\$694	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Berrien**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			3	3	\$1,044	\$348	\$348	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	39	40	\$12,315	\$316	\$308	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	34	65	\$8,195	\$241	\$126	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	59	163	\$22,672	\$384	\$139	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	39	154	\$29,084	\$746	\$189	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	1	\$255	\$255	\$255	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	7	\$1,786	\$1,786	\$255	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	4	10	\$1,241	\$310	\$124	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	34	42	\$13,782	\$405	\$328	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	7	7	\$1,148	\$164	\$164	1
Assessment for Autism		96101	U5	Encounter 75-80 Min	8	11	\$4,144	\$518	\$377	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	12	84	\$5,436	\$453	\$65	7
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	34	37	\$6,417	\$189	\$173	1
Occupational Therapy		97004		Encounter	10	10	\$1,734	\$173	\$173	1
Occupational or Physical Therapy		97110		Encounter	44	574	\$10,176	\$231	\$18	13
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Berrien										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	10	103	\$1,839	\$184	\$18	10
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	23	278	\$4,963	\$216	\$18	12
Occupational or Physical Therapy		97535		Encounter	3	42	\$750	\$250	\$18	14
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	7	54	\$3,636	\$519	\$67	8
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	2	2	\$798	\$399	\$399	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	7	7	\$431	\$62	\$62	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	158	355	\$33,704	\$213	\$95	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	202	501	\$83,019	\$411	\$166	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	57	68	\$11,450	\$201	\$168	1
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	11	13	\$3,811	\$346	\$293	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	1	1	\$87	\$87	\$87	1
Additional Codes-Physician Services		99222		15 Minutes	8	8	\$907	\$113	\$113	1
Additional Codes-Physician Services		99223		Encounter	1	1	\$86	\$86	\$86	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	7	35	\$1,481	\$212	\$42	5
Additional Codes-Physician Services		99232		15 Minutes	6	22	\$1,547	\$258	\$70	4
Additional Codes-Physician Services		99233		15 Minutes	3	5	\$431	\$144	\$86	2
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	1	7	\$735	\$735	\$105	7
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	122	124	\$30,187	\$247	\$243	1
Assessment for Autism		H0031	U5	Encounter	21	24	\$36,545	\$1,740	\$1,523	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	51	59	\$14,200	\$278	\$241	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	12	806	\$72,549	\$6,046	\$90	67
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	8	295	\$4,105	\$513	\$14	37
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	6	562	\$55,942	\$9,324	\$100	94
Community Living Supports in Independent living/own home		H0043		Encounter	103	32,789	\$6,100,895	\$59,232	\$186	318
Respite		H0045		Encounter	1	3	\$738	\$738	\$246	3
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	51	159	\$51,406	\$1,008	\$323	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	12	14	\$4,594	\$383	\$328	1
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Berrien**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	5	8,103	\$18,634	\$3,727	\$2	1,621
Community Living Supports (15 Minutes)		H2015		Encounter	281	613,103	\$2,327,525	\$8,283	\$4	2,182
Community Living Supports (Daily)		H2016		Encounter	90	24,233	\$1,782,343	\$19,804	\$74	269
Community Living Supports (Daily)		H2016	TF	15 Minutes	41	3,641	\$177,533	\$4,330	\$49	89
Community Living Supports (Daily)		H2016	TG	Per mile	27	2,155	\$349,614	\$12,949	\$162	80
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	1	589	\$11,266	\$11,266	\$19	589
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	12	19,562	\$377,082	\$31,424	\$19	1,630
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	62	78,318	\$420,795	\$6,787	\$5	1,263
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	9	8,933	\$82,066	\$9,118	\$9	993
Home Based Services		H2033		Items	2	74	\$6,006	\$3,003	\$81	37
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	12	1,899	\$108,798	\$9,066	\$57	158
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	16	321	\$73,111	\$4,569	\$228	20
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	2	2	\$15,632	\$7,816	\$7,816	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Berrien**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	20	91	\$9,675	\$484	\$106	5
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	1	122	\$3,976	\$3,976	\$33	122
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	3	7,623	\$211,959	\$70,653	\$28	2,541
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	67	341	\$75,139	\$1,121	\$220	5
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	7	8	\$2,441	\$349	\$305	1
Health Services		T1002		15 Minutes	70	665	\$69,009	\$986	\$104	10
Respite Care		T1005		Encounter	24	19,492	\$57,211	\$2,384	\$3	812
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	3	245	\$825	\$275	\$3	82
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	491	14,221	\$2,342,364	\$4,771	\$165	29
Targeted Case Management		T1017		Per Diem	17	463	\$43,485	\$2,558	\$94	27
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	85	22,753	\$2,069,163	\$24,343	\$91	268
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	18	1,596	\$70,860	\$3,937	\$44	89
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	54	4,694	\$588,472	\$10,898	\$125	87
Assessments		T1023		15 Minutes	47	76	\$30,050	\$639	\$395	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	8	75	\$9,321	\$1,165	\$124	9
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	38	419	\$70,470	\$1,854	\$168	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	16	46	\$9,613	\$601	\$209	3
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	1	1	\$2,688	\$2,688	\$2,688	1
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	1	0	\$39	\$39	\$0	0
<b>Total Population and Cost</b>					<b>616</b>		<b>\$18,192,150</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

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		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			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	0	0	\$0	\$0	\$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	0	0	\$0	\$0	\$0	0
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care		T1005		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017		Per Diem	0	0	\$0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>0</b>		<b>\$0</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central 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	2	386	\$244,131	\$122,065	\$632	193
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13	87	\$61,354	\$4,720	\$705	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			46	47	\$35,266	\$767	\$750	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	57	190	\$15,412	\$270	\$81	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	90	567	\$61,893	\$688	\$109	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	89	432	\$67,879	\$763	\$157	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	22	78	\$9,915	\$451	\$127	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	51	357	\$54,627	\$1,071	\$153	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	8	112	\$9,358	\$1,170	\$84	14
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	2	2	\$856	\$428	\$428	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	12	601	\$56,548	\$4,712	\$94	50
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	2	2	\$328	\$164	\$164	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	5	2	\$453	\$91	\$227	0
Assessment for Autism		96101	U5	Encounter 75-80 Min	33	75	\$34,649	\$1,050	\$462	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	8	140	\$26,124	\$3,266	\$187	18
Physical Therapy		97001		First 30-74 Min.	4	5	\$902	\$226	\$180	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	22	22	\$3,240	\$147	\$147	1
Occupational Therapy		97004		Encounter	2	2	\$238	\$119	\$119	1
Occupational or Physical Therapy		97110		Encounter	15	341	\$8,025	\$535	\$24	23
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	2	12	\$360	\$180	\$30	6
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	10	1,181	\$25,169	\$2,517	\$21	118
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	2	40	\$1,200	\$600	\$30	20
Occupational or Physical Therapy		97535		Encounter	5	27	\$607	\$121	\$22	5
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	2	7	\$135	\$68	\$19	4
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	1	10	\$217	\$217	\$22	10
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	1	1	\$145	\$145	\$145	1
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	2	2	\$435	\$218	\$218	1
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	8	8	\$2,569	\$321	\$321	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	5	5	\$2,946	\$589	\$589	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	7	10	\$780	\$111	\$78	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	161	234	\$26,280	\$163	\$112	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	430	1,128	\$213,046	\$495	\$189	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	269	584	\$166,772	\$620	\$286	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	58	79	\$36,485	\$629	\$462	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	1	1	\$136	\$136	\$136	1
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	1	5	\$354	\$354	\$71	5
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	7	19	\$8,819	\$1,260	\$464	3
Activity Therapy (Children's Waiver)		G0176		Encounter	4	136	\$8,364	\$2,091	\$62	34
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	4	10	\$15,426	\$3,857	\$1,543	3
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	1	8	\$2,360	\$2,360	\$295	8
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	1	1	\$88	\$88	\$88	1
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	124	149	\$76,871	\$620	\$516	1
Assessment for Autism		H0031	U5	Encounter	31	45	\$26,702	\$861	\$593	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	54	54	\$45,987	\$852	\$852	1
Treatment Planning		H0032		Encounter	223	276	\$42,294	\$190	\$153	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	23	2,316	\$146,287	\$6,360	\$63	101
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	2	10	\$307	\$154	\$31	5
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	3	503	\$53,139	\$17,713	\$106	168
Community Living Supports in Independent living/own home		H0043		Encounter	37	6,687	\$484,222	\$13,087	\$72	181
Respite		H0045		Encounter	7	106	\$5,021	\$717	\$47	15
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	41	191	\$24,624	\$601	\$129	5

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	592	1,332,147	\$2,685,244	\$4,536	\$2	2,250
Community Living Supports (15 Minutes)		H2015		Encounter	944	5,900,571	\$17,235,775	\$18,258	\$3	6,251
Community Living Supports (Daily)		H2016		Encounter	88	27,644	\$497,376	\$5,652	\$18	314
Community Living Supports (Daily)		H2016	TF	15 Minutes	103	31,001	\$1,483,333	\$14,401	\$48	301
Community Living Supports (Daily)		H2016	TG	Per mile	230	70,659	\$8,732,647	\$37,968	\$124	307
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	9	4,577	\$111,618	\$12,402	\$24	509
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	19	20,365	\$95,017	\$5,001	\$5	1,072
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	1	63	\$3,501	\$3,501	\$56	63
Supported Employment Services		H2023		Per one-way trip	342	550,774	\$1,397,289	\$4,086	\$3	1,610
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	14	15,538	\$116,913	\$8,351	\$8	1,110
Home Based Services		H2033		Items	1	112	\$7,678	\$7,678	\$69	112
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	2	5	\$982	\$491	\$196	3
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	26	2,254	\$165,426	\$6,363	\$73	87
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	22	112	\$23,263	\$1,057	\$208	5
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	5	49	\$14,253	\$2,851	\$291	10
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	12	30	\$8,719	\$727	\$291	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	142	1,464	\$871,631	\$6,138	\$595	10
Environmental Modification		S5165		Face to Face Contact	2	2	\$9,210	\$4,605	\$4,605	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	7	\$584	\$292	\$83	4
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	2	5,469	\$182,665	\$91,333	\$33	2,735
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	2	4,670	\$132,492	\$66,246	\$28	2,335
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	7	122	\$52,550	\$7,507	\$431	17
Health Services		S9446		15 minutes	2	4	\$417	\$208	\$104	2
Health Services		S9470		15 Minutes	1	1	\$136	\$136	\$136	1
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	2	103	\$2,793	\$1,396	\$27	52
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	4	4	\$1,582	\$396	\$396	1
Health Services		T1002		15 Minutes	12	171	\$9,929	\$827	\$58	14
Respite Care		T1005		Encounter	218	197,362	\$419,869	\$1,926	\$2	905
Respite Care		T1005	TD	Encounter	1	3,155	\$26,339	\$26,339	\$8	3,155
Respite Care		T1005	TE	15 minutes	1	2,751	\$19,505	\$19,505	\$7	2,751
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	1,061	35,263	\$2,449,888	\$2,309	\$69	33
Targeted Case Management		T1017		Per Diem	477	10,627	\$1,014,172	\$2,126	\$95	22
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	173	53,506	\$841,167	\$4,862	\$16	309
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	97	29,503	\$1,408,631	\$14,522	\$48	304
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	146	46,313	\$5,309,687	\$36,368	\$115	317
Assessments		T1023		15 Minutes	22	33	\$33,603	\$1,527	\$1,018	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	8	127	\$6,480	\$810	\$51	16
Transportation		T2001		15 minutes	1	44	\$1,333	\$1,333	\$30	44

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	637	565,778	\$952,533	\$1,495	\$2	888
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	1	222	\$3,763	\$3,763	\$17	222
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	2	8	\$381	\$191	\$48	4
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	1	204	\$12,328	\$12,328	\$60	204
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	17	173	\$40,669	\$2,392	\$235	10
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	471	4,804	\$268,594	\$570	\$56	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	3	4	\$4,612	\$1,537	\$1,153	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	10	1,107	\$15,470	\$1,547	\$14	111
Crisis Intervention		T2034		Encounter	1	4	\$2,400	\$2,400	\$600	4
Respite Care		T2036		Encounter	26	157	\$16,299	\$627	\$104	6
Respite Care		T2037		Days	15	291	\$5,119	\$341	\$18	19
Housing Assistance		T2038		Days	3	4	\$1,882	\$627	\$471	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	3	4	\$8,295	\$2,765	\$2,074	1
Goods and Services		T5999	HK	Per Diem	1	50	\$835	\$835	\$17	50
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,555</b>		<b>\$48,816,222</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

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	59	\$34,147	\$34,147	\$579	59
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	49	\$36,975	\$12,325	\$755	16
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			3	3	\$2,827	\$942	\$942	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$1,624	\$1,624	\$1,624	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	12	69	\$7,310	\$609	\$106	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	11	31	\$5,439	\$494	\$175	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	11	48	\$11,477	\$1,043	\$239	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	20	\$8,945	\$4,473	\$447	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	8	\$2,740	\$2,740	\$342	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	2	5	\$1,593	\$797	\$319	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Copper Country										
Assessments-Other		90887		Encounter 75-80 Min	1	1	\$336	\$336	\$336	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	1	23	\$6,965	\$6,965	\$303	23
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	4	4	\$2,963	\$741	\$741	1
Occupational Therapy		97004		Encounter	3	3	\$1,297	\$432	\$432	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	2	92	\$15,237	\$7,619	\$166	46

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	1	59	\$3,386	\$3,386	\$57	59
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	4	176	\$21,033	\$5,258	\$120	44
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	2	16	\$3,261	\$1,631	\$204	8
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	39	69	\$23,510	\$603	\$341	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	14	32	\$17,063	\$1,219	\$533	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	1	1	\$796	\$796	\$796	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	1	9	\$2,170	\$2,170	\$241	9
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$148	\$148	\$148	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	43	44	\$7,680	\$179	\$175	1
Assessment for Autism		H0031	U5	Encounter	1	1	\$2,948	\$2,948	\$2,948	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	63	87	\$22,163	\$352	\$255	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	26	611	\$95,786	\$3,684	\$157	24
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	7	608	\$56,823	\$8,118	\$93	87
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	4	405	\$6,856	\$1,714	\$17	101
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	3	741	\$40,527	\$13,509	\$55	247
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	7	124	\$9,300	\$1,329	\$75	18
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	31	521	\$67,984	\$2,193	\$130	17
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	7	137	\$11,969	\$1,710	\$87	20

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	95	225,808	\$1,010,688	\$10,639	\$4	2,377
Community Living Supports (15 Minutes)		H2015		Encounter	90	78,362	\$1,227,596	\$13,640	\$16	871
Community Living Supports (Daily)		H2016		Encounter	4	1,002	\$25,958	\$6,490	\$26	251
Community Living Supports (Daily)		H2016	TF	15 Minutes	10	2,174	\$96,672	\$9,667	\$44	217
Community Living Supports (Daily)		H2016	TG	Per mile	64	20,275	\$3,798,343	\$59,349	\$187	317
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	1	12	\$1,320	\$1,320	\$110	12
Supported Employment Services		H2023		Per one-way trip	35	3,767	\$13,380	\$382	\$4	108
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	8	17,134	\$79,944	\$9,993	\$5	2,142
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	15	48	\$15,910	\$1,061	\$331	3
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	1	14	\$613	\$613	\$44	14
Family Training		S5111		Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	13	5,401	\$8,947	\$688	\$2	415
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	1	12	\$245	\$245	\$20	12
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	54	55	\$55,592	\$1,029	\$1,011	1
Health Services		T1002		15 Minutes	78	552	\$239,862	\$3,075	\$435	7
Respite Care		T1005		Encounter	4	674	\$3,224	\$806	\$5	169
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	216	4,645	\$554,965	\$2,569	\$119	22
Targeted Case Management		T1017		Per Diem	9	358	\$41,564	\$4,618	\$116	40
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	57	18,378	\$231,797	\$4,067	\$13	322
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	10	3,015	\$123,590	\$12,359	\$41	302
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	365	\$23,743	\$23,743	\$65	365
Assessments		T1023		15 Minutes	5	8	\$8,602	\$1,720	\$1,075	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	51	546	\$11,157	\$219	\$20	11
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	19	5,228	\$76,996	\$4,052	\$15	275
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	12	\$6,243	\$6,243	\$520	12
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	7	84	\$8,400	\$1,200	\$100	12
Enhanced Medical Equipment-Supplies		T2028		Encounter	9	28	\$572	\$64	\$20	3
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>245</b>		<b>\$8,199,199</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	37	1,553	\$587,128	\$15,868	\$378	42
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	145	2,594	\$1,461,291	\$10,078	\$563	18
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	17	158	\$70,988	\$4,176	\$449	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	77	653	\$179,575	\$2,332	\$275	8
Outpatient Partial Hospitalization	0913			# of visits	1	4	\$178	\$178	\$44	4
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Detroit-Wayne										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	4	4	\$347	\$87	\$87	1
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			248	404	\$55,905	\$225	\$138	2
Assessment for Autism		90791	U5		1	1	\$160	\$160	\$160	1
Assessment		90792		Encounter	750	780	\$128,905	\$172	\$165	1
Assessment for Autism		90792	U5	Encounter	4	4	\$720	\$180	\$180	1
Mental Health: Outpatient Care		90832		Encounter	1,231	5,797	\$306,584	\$249	\$53	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	3	4	\$500	\$167	\$125	1
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	1,425	7,732	\$665,088	\$467	\$86	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	1	1	\$170	\$170	\$170	1
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	824	3,775	\$433,774	\$526	\$115	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	4	4	\$1,388	\$347	\$347	1
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	6	6	\$720	\$120	\$120	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	371	1,163	\$117,102	\$316	\$101	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1,377	7,561	\$714,561	\$519	\$95	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	3	3	\$60	\$20	\$20	1
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	12	21	\$420	\$35	\$20	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	224	1,774	\$61,903	\$276	\$35	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	331	366	\$24,421	\$74	\$67	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	131	150	\$20,718	\$158	\$138	1
Speech & Language Therapy		92507		Encounter 75-80 Min	542	10,469	\$688,445	\$1,270	\$66	19
Speech & Language Therapy		92508		Encounter 75-80 Min	19	158	\$4,274	\$225	\$27	8
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	4	4	\$600	\$150	\$150	1
Speech & Language Therapy		92523		Encounter 45-50 Min	211	217	\$32,455	\$154	\$150	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	558	601	\$74,490	\$133	\$124	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	826	3,250	\$245,373	\$297	\$75	4
Assessment for Autism		96101	U5	Encounter 75-80 Min	276	1,329	\$137,982	\$500	\$104	5
Psychological Testing by Technician		96102		Encounter 75-80 Min	15	18	\$1,445	\$96	\$80	1
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	31	36	\$21,234	\$685	\$590	1
Assessments-Other		96111		45 Minutes	347	749	\$68,559	\$198	\$92	2
Neurobehavioral Status Exam		96116		45 Minutes	461	2,526	\$185,606	\$403	\$73	5
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	41	2,961	\$76,469	\$1,865	\$26	72
Physical Therapy		97001		First 30-74 Min.	36	36	\$5,434	\$151	\$151	1
Physical Therapy		97002		Each Additional 30 Minutes	4	5	\$545	\$136	\$109	1
Occupational Therapy		97003		Encounter	521	558	\$86,602	\$166	\$155	1
Occupational Therapy		97004		Encounter	444	556	\$63,703	\$143	\$115	1
Occupational or Physical Therapy		97110		Encounter	561	32,156	\$636,031	\$1,134	\$20	57
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	33	213	\$2,663	\$81	\$13	6
Occupational or Physical Therapy		97530		Encounter	58	1,364	\$50,997	\$879	\$37	24
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	5	1,045	\$4,712	\$942	\$5	209
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	25	274	\$8,900	\$356	\$32	11
Assessment or Health Services		97803		First Hour	51	1,569	\$47,562	\$933	\$30	31
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	7	7	\$228	\$33	\$33	1
Assessment for Autism		99201	U5	Hour	1	1	\$33	\$33	\$33	1
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	1	1	\$98	\$98	\$98	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	2	2	\$277	\$139	\$139	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	32	32	\$5,920	\$185	\$185	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	54	131	\$2,855	\$53	\$22	2
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	127	338	\$14,219	\$112	\$42	3
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	1,145	4,028	\$204,117	\$178	\$51	4
Assessment for Autism		99213	U5	Encounter	8	10	\$488	\$61	\$49	1
Established Patient Evaluation and Management		99214		15 Minutes	897	3,179	\$264,609	\$295	\$83	4
Assessment for Autism		99214	U5	15 Minutes	7	24	\$1,950	\$279	\$81	3
Established Patient Evaluation and Management		99215		15 Minutes	24	24	\$2,930	\$122	\$122	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	2	18	\$588	\$294	\$33	9
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	43	487	\$9,780	\$227	\$20	11
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	42	3,270	\$74,894	\$1,783	\$23	78
Transportation		A0130		Encounter	3	963	\$22,595	\$7,532	\$23	321
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	1	7	\$30	\$30	\$4	7
Additional Codes-Transportation		A0427		Encounter	1	1	\$125	\$125	\$125	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	141	178	\$59,133	\$419	\$332	1
Activity Therapy (Children's Waiver)		G0176		Encounter	2	61	\$2,288	\$1,144	\$38	31
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1,005	1,237	\$186,400	\$185	\$151	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	1	1	\$375	\$375	\$375	1
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	5,054	8,729	\$910,159	\$180	\$104	2
Assessment for Autism		H0031	U5	Encounter	264	721	\$170,045	\$644	\$236	3
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	51	51	\$33,834	\$663	\$663	1
Treatment Planning		H0032		Encounter	2,907	6,352	\$1,051,262	\$362	\$166	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1,123	2,795	\$332,447	\$296	\$119	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	21	395	\$10,788	\$514	\$27	19
Home Based Services		H0036		Encounter	57	8,109	\$340,825	\$5,979	\$42	142
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	9	40	\$1,713	\$190	\$43	4
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	158	\$2,686	\$2,686	\$17	158
Community Living Supports in Independent living/own home		H0043		Encounter	1,621	433,534	\$68,740,603	\$42,406	\$159	267
Respite		H0045		Encounter	2	14	\$787	\$393	\$56	7
Peer Directed and Operated Support Services		H0046		Encounter	118	1,215	\$36,738	\$311	\$30	10
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1,285	1,562	\$229,184	\$178	\$147	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1,263	3,854	\$268,957	\$213	\$70	3
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	44	501	\$29,066	\$661	\$58	11

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	3,567	9,053,348	\$26,068,555	\$7,308	\$3	2,538
Community Living Supports (15 Minutes)		H2015		Encounter	1,402	6,976,888	\$23,314,226	\$16,629	\$3	4,976
Community Living Supports (Daily)		H2016		Encounter	186	39,689	\$2,617,084	\$14,070	\$66	213
Community Living Supports (Daily)		H2016	TF	15 Minutes	318	58,609	\$4,727,126	\$14,865	\$81	184
Community Living Supports (Daily)		H2016	TG	Per mile	1,023	273,488	\$28,046,222	\$27,416	\$103	267
Behavior Services		H2019		Per mile	1	12	\$126	\$126	\$11	12
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	164	108,524	\$1,177,890	\$7,182	\$11	662
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	930	1,071,294	\$5,185,854	\$5,576	\$5	1,152
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	10	17,415	\$43,504	\$4,350	\$2	1,742
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	89	381	\$48,910	\$550	\$128	4
Transportation		S0209		Encounter	394	736,054	\$364,789	\$926	\$0	1,868
Transportation		S0215		Encounter	436	1,277,054	\$319,347	\$732	\$0	2,929
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	149	8,444	\$197,332	\$1,324	\$23	57
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	745	2,904	\$175,364	\$235	\$60	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	22	26	\$1,560	\$71	\$60	1
Foster Care		S5140		Days	3	1,082	\$319,252	\$106,417	\$295	361
Foster Care		S5145		Days	3	324	\$76,908	\$25,636	\$237	108
Respite		S5150		Days	159	33,868	\$107,641	\$677	\$3	213
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	3	3	\$10,139	\$3,380	\$3,380	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	4	13,469	\$635,259	\$158,815	\$47	3,367
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	9	20,942	\$653,073	\$72,564	\$31	2,327
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	1,719	4,313	\$226,340	\$132	\$52	3
Health Services		S9446		15 minutes	37	405	\$5,063	\$137	\$13	11
Health Services		S9470		15 Minutes	3	7	\$460	\$153	\$66	2
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	149	458	\$185,800	\$1,247	\$406	3
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1,035	1,130	\$131,093	\$127	\$116	1
Health Services		T1002		15 Minutes	34	292	\$5,731	\$169	\$20	9
Respite Care		T1005		Encounter	1,104	1,031,120	\$2,952,902	\$2,675	\$3	934
Respite Care		T1005	TD	Encounter	3	2,652	\$32,330	\$10,777	\$12	884
Respite Care		T1005	TE	15 minutes	9	15,452	\$134,844	\$14,983	\$9	1,717
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	9,354	153,870	\$25,941,081	\$2,773	\$169	16
Targeted Case Management		T1017		Per Diem	370	2,318	\$205,048	\$554	\$88	6
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	84	1,100	\$57,662	\$686	\$52	13
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	703	114,101	\$1,580,348	\$2,248	\$14	162
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	556	123,266	\$4,529,318	\$8,146	\$37	222
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	688	120,734	\$4,906,029	\$7,131	\$41	175
Assessments		T1023		15 Minutes	233	551	\$247,891	\$1,064	\$450	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	8	33	\$6,307	\$788	\$191	4
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Detroit-Wayne										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	1	196	\$14,700	\$14,700	\$75	196
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	448	4,002	\$1,192,440	\$2,662	\$298	9
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	104	48,912	\$347,826	\$3,344	\$7	470
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	3	\$1,130	\$1,130	\$377	3
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1,553	15,487	\$1,889,809	\$1,217	\$122	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	7	7	\$2,854	\$408	\$408	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	1	1	\$281	\$281	\$281	1
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	164	16,787	\$153,693	\$937	\$9	102
Respite Care		T2037		Days	8	175	\$5,929	\$741	\$34	22
Housing Assistance		T2038		Days	748	4,896	\$2,383,453	\$3,186	\$487	7
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>10,072</b>		<b>\$221,520,230</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	792	\$623,509	\$124,702	\$787	158
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	16	231	\$127,523	\$7,970	\$552	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	22	203	\$115,826	\$5,265	\$571	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	4	41	\$11,247	\$2,812	\$274	10
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	63	349	\$4,059	\$64	\$12	6
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			37	37	\$15,970	\$432	\$432	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	70	71	\$18,412	\$263	\$259	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	48	108	\$6,669	\$139	\$62	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	2	2	\$54	\$27	\$27	1
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	117	555	\$36,260	\$310	\$65	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	3	3	\$397	\$132	\$132	1
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	129	640	\$72,161	\$559	\$113	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	2	2	\$256	\$128	\$128	1
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	42	69	\$16,140	\$384	\$234	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	31	72	\$16,424	\$530	\$228	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	1	1	\$230	\$230	\$230	1
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	7	14	\$4,086	\$584	\$292	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	43	252	\$80,845	\$1,880	\$321	6
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	66	712	\$166,732	\$2,526	\$234	11
Physical Therapy		97001		First 30-74 Min.	40	40	\$11,341	\$284	\$284	1
Physical Therapy		97002		Each Additional 30 Minutes	1	1	\$280	\$280	\$280	1
Occupational Therapy		97003		Encounter	65	65	\$18,767	\$289	\$289	1
Occupational Therapy		97004		Encounter	22	24	\$7,100	\$323	\$296	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Genesee										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	31	99	\$28,738	\$927	\$290	3
Assessment or Health Services		97803		First Hour	124	323	\$92,400	\$745	\$286	3
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	11	94	\$54,305	\$4,937	\$578	9
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	74	110	\$4,886	\$66	\$44	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	595	1,691	\$243,129	\$409	\$144	3
Assessment for Autism		99213	U5	Encounter	1	1	\$326	\$326	\$326	1
Established Patient Evaluation and Management		99214		15 Minutes	455	1,195	\$269,986	\$593	\$226	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	167	276	\$85,862	\$514	\$311	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	1	1	\$26	\$26	\$26	1
Additional Codes-Physician Services		99222		15 Minutes	1	1	\$42	\$42	\$42	1
Additional Codes-Physician Services		99223		Encounter	2	2	\$183	\$92	\$92	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	7	\$98	\$98	\$14	7
Additional Codes-Physician Services		99232		15 Minutes	3	31	\$625	\$208	\$20	10
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	1	1	\$138	\$138	\$138	1
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	2	2	\$57	\$29	\$29	1
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	58	59	\$11,686	\$201	\$198	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	5	42	\$15,775	\$3,155	\$376	8
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	10	508	\$12,209	\$1,221	\$24	51
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	445	535	\$145,821	\$328	\$273	1
Assessment for Autism		H0031	U5	Encounter	14	54	\$21,711	\$1,551	\$402	4
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	362	603	\$170,986	\$472	\$284	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	606	5,105	\$1,432,372	\$2,364	\$281	8
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	9	1,896	\$125,564	\$13,952	\$66	211
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	42	644	\$30,093	\$717	\$47	15
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	3	695	\$40,360	\$13,453	\$58	232
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	25	81	\$47,492	\$1,900	\$586	3

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	875	2,679,800	\$7,967,367	\$9,106	\$3	3,063
Community Living Supports (15 Minutes)		H2015		Encounter	167	438,457	\$2,121,981	\$12,706	\$5	2,625
Community Living Supports (Daily)		H2016		Encounter	42	9,257	\$258,659	\$6,159	\$28	220
Community Living Supports (Daily)		H2016	TF	15 Minutes	217	54,067	\$3,168,375	\$14,601	\$59	249
Community Living Supports (Daily)		H2016	TG	Per mile	291	77,771	\$8,181,165	\$28,114	\$105	267
Behavior Services		H2019		Per mile	9	863	\$72,284	\$8,032	\$84	96
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	15	5,258	\$592,600	\$39,507	\$113	351
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	5	417	\$82,149	\$16,430	\$197	83
Supported Employment Services		H2023		Per one-way trip	186	126,077	\$893,926	\$4,806	\$7	678
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	13	17,311	\$85,480	\$6,575	\$5	1,332
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	13	14	\$2,447	\$188	\$175	1
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	12	406	\$15,011	\$1,251	\$37	34
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	48	223	\$41,088	\$856	\$184	5
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	1	3	\$444	\$444	\$148	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	2	3	\$2,923	\$1,462	\$974	2

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	13	16	\$8,696	\$669	\$544	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	1	2,196	\$81,920	\$81,920	\$37	2,196
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	3	4,000	\$126,168	\$42,056	\$32	1,333
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	36	45	\$11,657	\$324	\$259	1
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	5	65	\$10,924	\$2,185	\$168	13
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	238	264	\$44,441	\$187	\$168	1
Health Services		T1002		15 Minutes	275	4,089	\$496,280	\$1,805	\$121	15
Respite Care		T1005		Encounter	470	643,267	\$2,710,001	\$5,766	\$4	1,369
Respite Care		T1005	TD	Encounter	2	332	\$1,388	\$694	\$4	166
Respite Care		T1005	TE	15 minutes	12	15,583	\$103,583	\$8,632	\$7	1,299
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	1	1	\$56	\$56	\$56	1
Supports Coordination/Wrap Facilitation		T1016		Per Diem	1,455	64,756	\$4,241,375	\$2,915	\$65	45
Targeted Case Management		T1017		Per Diem	491	23,952	\$1,647,353	\$3,355	\$69	49
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	6	76	\$6,110	\$1,018	\$80	13
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	43	10,424	\$290,010	\$6,744	\$28	242
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	206	51,881	\$3,051,562	\$14,813	\$59	252
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	293	86,047	\$9,672,241	\$33,011	\$112	294
Assessments		T1023		15 Minutes	1	1	\$275	\$275	\$275	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	25	347	\$18,815	\$753	\$54	14
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	1	198	\$3,087	\$3,087	\$16	198
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	704	230,946	\$2,864,158	\$4,068	\$12	328
Substance Abuse Services: Transportation		T2003		Hour	249	612	\$7,597	\$31	\$12	2
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	4	26	\$18,802	\$4,700	\$723	7
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	28	300	\$39,981	\$1,428	\$133	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	10	12	\$2,931	\$293	\$244	1
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	3	3	\$0	\$0	\$0	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	2	2	\$11,406	\$5,703	\$5,703	1
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	250	0	\$41,367	\$165	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,834</b>		<b>\$53,187,241</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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		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			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	9	9	\$12,637	\$1,404	\$1,404	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	3	\$195	\$195	\$65	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	1	10	\$1,094	\$1,094	\$109	10
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	1	1	\$219	\$219	\$219	1
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	1	1	\$1,423	\$1,423	\$1,423	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	2	30	\$5,069	\$2,534	\$169	15
Physical Therapy		97001		First 30-74 Min.	1	1	\$132	\$132	\$132	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$308	\$308	\$308	1
Occupational Therapy		97004		Encounter	18	18	\$5,254	\$292	\$292	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	1	2	\$116	\$116	\$58	2
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	16	60	\$9,901	\$619	\$165	4
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	26	69	\$26,040	\$1,002	\$377	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	29	106	\$32,226	\$1,111	\$304	4
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	19	35	\$19,509	\$1,027	\$557	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	5	\$407	\$407	\$81	5
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	1	1	\$326	\$326	\$326	1
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$531	\$531	\$531	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	8	351	\$22,102	\$2,763	\$63	44
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	15	16	\$9,058	\$604	\$566	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	39	107	\$33,064	\$848	\$309	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	12	41	\$7,305	\$609	\$178	3
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	12	983	\$68,957	\$5,746	\$70	82
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	1	181	\$6,711	\$6,711	\$37	181
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	65	\$4,908	\$4,908	\$76	65
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	3	18	\$738	\$246	\$41	6
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	5	20	\$11,670	\$2,334	\$583	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	7	45	\$8,827	\$1,261	\$196	6
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	7	42	\$1,141	\$163	\$27	6

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	46	110,939	\$317,286	\$6,898	\$3	2,412
Community Living Supports (15 Minutes)		H2015		Encounter	67	19,217	\$337,123	\$5,032	\$18	287
Community Living Supports (Daily)		H2016		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	21	7,189	\$369,874	\$17,613	\$51	342
Community Living Supports (Daily)		H2016	TG	Per mile	8	1,880	\$271,397	\$33,925	\$144	235
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	9	2,933	\$51,767	\$5,752	\$18	326
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	10	35	\$3,514	\$351	\$100	4
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	1	6	\$1,517	\$1,517	\$253	6
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	2	\$322	\$161	\$161	1
Occupational or Physical Therapy		S8990		Encounter	4	151	\$34,775	\$8,694	\$230	38
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	1	1	\$173	\$173	\$173	1
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	26	26	\$8,546	\$329	\$329	1
Health Services		T1002		15 Minutes	6	28	\$2,391	\$399	\$85	5
Respite Care		T1005		Encounter	27	17,560	\$74,981	\$2,777	\$4	650
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	113	6,121	\$399,763	\$3,538	\$65	54
Targeted Case Management		T1017		Per Diem	13	582	\$38,365	\$2,951	\$66	45
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	5	1,192	\$29,538	\$5,908	\$25	238
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	7	1,178	\$45,365	\$6,481	\$39	168
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	20	6,699	\$986,294	\$49,315	\$147	335
Assessments		T1023		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	6	84	\$5,748	\$958	\$68	14
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	2	1,909	\$17,868	\$8,934	\$9	955
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	12	\$9,125	\$9,125	\$760	12
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	31	340	\$7,419	\$239	\$22	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$497	\$0	\$0	0
<b>Total Population and Cost</b>					<b>129</b>		<b>\$3,303,515</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	21	162	\$21,198	\$1,009	\$131	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gratiot

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	3	16	\$400	\$133	\$25	5
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	6	6	\$1,757	\$293	\$293	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	4	13	\$1,404	\$351	\$108	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	13	146	\$20,020	\$1,540	\$137	11
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	14	115	\$32,633	\$2,331	\$284	8
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	1	\$198	\$198	\$198	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	2	14	\$1,817	\$909	\$130	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	2	11	\$351	\$176	\$32	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gratiot										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	4	23	\$7,868	\$1,967	\$342	6
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	1	1	\$65	\$65	\$65	1
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	19	20	\$4,747	\$250	\$237	1
Occupational Therapy		97004		Encounter	5	5	\$670	\$134	\$134	1
Occupational or Physical Therapy		97110		Encounter	2	7	\$389	\$195	\$56	4
Occupational or Physical Therapy		97112		Encounter	1	8	\$207	\$207	\$26	8
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gratiot										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	1	4	\$77	\$77	\$19	4
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	14	55	\$1,025	\$73	\$19	4
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	1	3	\$183	\$183	\$61	3
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	4	14	\$736	\$184	\$53	4
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	6	56	\$10,492	\$1,749	\$187	9
Assessment or Health Services		97803		First Hour	9	84	\$5,280	\$587	\$63	9
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	19	45	\$3,762	\$198	\$84	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	57	198	\$24,261	\$426	\$123	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	2	2	\$802	\$401	\$401	1
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	2	18	\$7,220	\$3,610	\$401	9
Additional Codes-Physician Services		99233		15 Minutes	1	1	\$109	\$109	\$109	1
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	10	10	\$2,672	\$267	\$267	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gratiot										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	36	37	\$8,050	\$224	\$218	1
Assessment for Autism		H0031	U5	Encounter	1	1	\$229	\$229	\$229	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	3	3	\$686	\$229	\$229	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	7	616	\$23,727	\$3,390	\$39	88
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	6	504	\$16,540	\$2,757	\$33	84
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	1	34	\$996	\$996	\$29	34
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	29	268	\$32,541	\$1,122	\$121	9
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	8	48	\$2,165	\$271	\$45	6

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gratiot

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	86	57,055	\$214,639	\$2,496	\$4	663
Community Living Supports (15 Minutes)		H2015		Encounter	91	185,016	\$1,960,768	\$21,547	\$11	2,033
Community Living Supports (Daily)		H2016		Encounter	9	855	\$25,381	\$2,820	\$30	95
Community Living Supports (Daily)		H2016	TF	15 Minutes	10	1,877	\$72,746	\$7,275	\$39	188
Community Living Supports (Daily)		H2016	TG	Per mile	49	13,549	\$1,215,035	\$24,797	\$90	277
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	1	1,391	\$23,967	\$23,967	\$17	1,391
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	39	10,073	\$223,514	\$5,731	\$22	258
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	1	196	\$6,738	\$6,738	\$34	196
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	2	11	\$118	\$59	\$11	6
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	6	8	\$597	\$100	\$75	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		15 Minutes	85	346	\$41,936	\$493	\$121	4
Respite Care		T1005		Encounter	3	1,568	\$28,415	\$9,472	\$18	523
Respite Care		T1005	TD	Encounter	1	1,092	\$48,834	\$48,834	\$45	1,092
Respite Care		T1005	TE	15 minutes	49	38,920	\$145,915	\$2,978	\$4	794
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	209	8,771	\$377,224	\$1,805	\$43	42
Targeted Case Management		T1017		Per Diem	67	1,557	\$58,482	\$873	\$38	23
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	49	15,516	\$250,516	\$5,113	\$16	317
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	2	473	\$26,724	\$13,362	\$56	237
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	9	294	\$25,809	\$2,868	\$88	33
Assessments		T1023		15 Minutes	9	11	\$2,615	\$291	\$238	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	47	426	\$17,409	\$370	\$41	9
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	52	472	\$59,182	\$1,138	\$125	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>240</b>		<b>\$5,061,840</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	344	\$0	\$0	\$0	172
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	49	\$35,251	\$5,875	\$719	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	3	3	\$1,572	\$524	\$524	1
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			1	1	\$946	\$946	\$946	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	13	21	\$1,292	\$99	\$62	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	12	20	\$2,021	\$168	\$101	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	26	177	\$23,578	\$907	\$133	7
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	3	\$370	\$370	\$123	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Hiawatha										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	4	19	\$6,529	\$1,632	\$344	5
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	1	1	\$136	\$136	\$136	1
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	6	6	\$2,448	\$408	\$408	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	13	48	\$22,881	\$1,760	\$477	4
Assessment for Autism		96101	U5	Encounter 75-80 Min	1	5	\$33	\$33	\$7	5
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	3	44	\$12,646	\$4,215	\$287	15
Physical Therapy		97001		First 30-74 Min.	3	3	\$952	\$317	\$317	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	22	26	\$9,611	\$437	\$370	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	4	117	\$15,913	\$3,978	\$136	29
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Hiawatha										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	5	86	\$4,207	\$841	\$49	17
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	6	6	\$2,975	\$496	\$496	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	14	14	\$9,200	\$657	\$657	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2	2	\$300	\$150	\$150	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Hiawatha Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	77	293	\$45,576	\$592	\$156	4
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	77	224	\$57,192	\$743	\$255	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	26	26	\$12,951	\$498	\$498	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	5	13	\$1,200	\$240	\$92	3
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	1	2	\$330	\$330	\$165	2
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$142	\$142	\$142	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	3	22	\$10,345	\$3,448	\$470	7
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	31	35	\$6,249	\$202	\$179	1
Assessment for Autism		H0031	U5	Encounter	3	3	\$158	\$53	\$53	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	36	58	\$11,519	\$320	\$199	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	38	133	\$25,170	\$662	\$189	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	7	932	\$100,948	\$14,421	\$108	133
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	1	197	\$5,855	\$5,855	\$30	197
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	3	977	\$430,623	\$143,541	\$441	326
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	18	93	\$12,504	\$695	\$134	5
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	16	98	\$31,011	\$1,938	\$316	6
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	17	96	\$7,529	\$443	\$78	6

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	74	72,360	\$272,690	\$3,685	\$4	978
Community Living Supports (15 Minutes)		H2015		Encounter	130	171,996	\$633,219	\$4,871	\$4	1,323
Community Living Supports (Daily)		H2016		Encounter	2	335	\$13,405	\$6,703	\$40	168
Community Living Supports (Daily)		H2016	TF	15 Minutes	6	1,463	\$79,529	\$13,255	\$54	244
Community Living Supports (Daily)		H2016	TG	Per mile	72	23,859	\$4,992,615	\$69,342	\$209	331
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	2	528	\$4,624	\$2,312	\$9	264
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	20	3,367	\$46,676	\$2,334	\$14	168
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	1	1	\$478	\$478	\$478	1
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	2	39	\$330	\$165	\$8	20
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	11	35	\$21,000	\$1,909	\$600	3
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	8	35	\$21,334	\$2,667	\$610	4
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	50	21,729	\$48,446	\$969	\$2	435
Respite		S5151		Encounter	2	24	\$5,116	\$2,558	\$213	12
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	7	11	\$497	\$71	\$45	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	1	11	\$10,200	\$10,200	\$927	11
Health Services		S9470		15 Minutes	1	1	\$956	\$956	\$956	1
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	14	16	\$21,099	\$1,507	\$1,319	1
Health Services		T1002		15 Minutes	4	91	\$28,916	\$7,229	\$318	23
Respite Care		T1005		Encounter	12	7,039	\$21,943	\$1,829	\$3	587
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	3	6	\$531	\$177	\$88	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	271	4,683	\$363,782	\$1,342	\$78	17
Targeted Case Management		T1017		Per Diem	17	589	\$45,518	\$2,678	\$77	35
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	1	2	\$199	\$199	\$100	2
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	56	17,194	\$234,067	\$4,180	\$14	307
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	25	5,680	\$323,016	\$12,921	\$57	227
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	12	2,785	\$422,648	\$35,221	\$152	232
Assessments		T1023		15 Minutes	10	14	\$9,921	\$992	\$709	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	10	99	\$39,454	\$3,945	\$399	10
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>312</b>		<b>\$8,574,374</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	14	\$11,525	\$5,763	\$823	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	2	18	\$13,276	\$6,638	\$738	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			8	8	\$1,854	\$232	\$232	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	7	12	\$1,216	\$174	\$101	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	18	108	\$22,970	\$1,276	\$213	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	10	57	\$15,911	\$1,591	\$279	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	2	40	\$15,001	\$7,501	\$375	20
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Huron										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	19	100	\$12,104	\$637	\$121	5
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Huron										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	1	1	\$185	\$185	\$185	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	70	226	\$19,306	\$276	\$85	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	22	28	\$3,427	\$156	\$122	1
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	1	1	\$182	\$182	\$182	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	1	2	\$282	\$282	\$141	2
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	1	11	\$886	\$886	\$81	11
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Huron										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	38	41	\$9,128	\$240	\$223	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	62	85	\$6,080	\$98	\$72	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	2	\$125	\$63	\$63	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	22	30	\$3,907	\$178	\$130	1
Home Based Services		H0036		Encounter	10	1,217	\$71,773	\$7,177	\$59	122
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	1	4	\$590	\$590	\$147	4
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	130	\$8,417	\$8,417	\$65	130
Community Living Supports in Independent living/own home		H0043		Encounter	19	2,620	\$346,397	\$18,231	\$132	138
Respite		H0045		Encounter	10	70	\$9,447	\$945	\$135	7
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	23	57	\$8,218	\$357	\$144	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	14	58	\$6,337	\$453	\$109	4
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	5	57	\$10,015	\$2,003	\$176	11

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Huron										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	34	29,680	\$115,469	\$3,396	\$4	873
Community Living Supports (15 Minutes)		H2015		Encounter	152	167,803	\$619,197	\$4,074	\$4	1,104
Community Living Supports (Daily)		H2016		Encounter	11	2,799	\$61,805	\$5,619	\$22	254
Community Living Supports (Daily)		H2016	TF	15 Minutes	5	396	\$20,604	\$4,121	\$52	79
Community Living Supports (Daily)		H2016	TG	Per mile	24	4,234	\$366,152	\$15,256	\$86	176
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	57	74,803	\$417,422	\$7,323	\$6	1,312
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	1	\$395	\$395	\$395	1
Health Services		T1002		15 Minutes	3	23	\$2,919	\$973	\$127	8
Respite Care		T1005		Encounter	12	12,102	\$33,198	\$2,767	\$3	1,009
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	128	5,183	\$248,274	\$1,940	\$48	40
Targeted Case Management		T1017		Per Diem	33	1,329	\$76,389	\$2,315	\$57	40
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	2	53	\$2,893	\$1,446	\$55	27
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	20	4,540	\$167,049	\$8,352	\$37	227
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	9	2,504	\$711,464	\$79,052	\$284	278
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	5	356	\$119,544	\$23,909	\$336	71
Assessments		T1023		15 Minutes	9	14	\$7,069	\$785	\$505	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	47	467	\$44,204	\$941	\$95	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>182</b>		<b>\$3,612,606</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ionis

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		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	10	\$8,726	\$2,909	\$873	3
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ionia

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	7	13	\$12,835	\$1,834	\$987	2
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	5	9	\$453	\$91	\$50	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	1	3	\$302	\$302	\$101	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	3	7	\$1,056	\$352	\$151	2
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	7	141	\$5,278	\$754	\$37	20
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	3	16	\$3,463	\$1,154	\$216	5
Speech & Language Therapy		92507		Encounter 75-80 Min	9	99	\$7,533	\$837	\$76	11
Speech & Language Therapy		92508		Encounter 75-80 Min	2	4	\$193	\$97	\$48	2
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	10	28	\$3,079	\$308	\$110	3
Assessment for Autism		96101	U5	Encounter 75-80 Min	1	2	\$220	\$220	\$110	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	1	1	\$78	\$78	\$78	1
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	1	2	\$157	\$157	\$78	2
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	1	7	\$1,580	\$1,580	\$226	7
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	2	2	\$409	\$205	\$205	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	2	2	\$281	\$140	\$140	1
Occupational or Physical Therapy		97112		Encounter	1	1	\$105	\$105	\$105	1
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	2	8	\$842	\$421	\$105	4
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	2	68	\$7,159	\$3,580	\$105	34
Occupational or Physical Therapy		97535		Encounter	5	5	\$702	\$140	\$140	1
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	3	10	\$421	\$140	\$42	3
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	14	32	\$12,952	\$925	\$405	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	133	368	\$148,947	\$1,120	\$405	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	29	95	\$38,451	\$1,326	\$405	3
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	3	4	\$600	\$200	\$150	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	35	46	\$7,641	\$218	\$166	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Ionis**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	22	31	\$4,062	\$185	\$131	1
Assessment for Autism		H0031	U5	Encounter	14	29	\$3,799	\$271	\$131	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	26	68	\$5,330	\$205	\$78	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	5	138	\$9,686	\$1,937	\$70	28
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	10	349	\$10,615	\$1,061	\$30	35
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	8	1,675	\$131,280	\$16,410	\$78	209
Respite		H0045		Encounter	1	7	\$966	\$966	\$138	7
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	4	\$946	\$946	\$237	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	23	187	\$43,740	\$1,902	\$234	8
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	1	18	\$926	\$926	\$51	18

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ionia

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	32	10,958	\$282,009	\$8,813	\$26	342
Community Living Supports (15 Minutes)		H2015		Encounter	156	123,910	\$1,029,175	\$6,597	\$8	794
Community Living Supports (Daily)		H2016		Encounter	8	1,064	\$35,573	\$4,447	\$33	133
Community Living Supports (Daily)		H2016	TF	15 Minutes	13	1,754	\$219,843	\$16,911	\$125	135
Community Living Supports (Daily)		H2016	TG	Per mile	35	6,938	\$1,243,442	\$35,527	\$179	198
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	7	3,409	\$127,610	\$18,230	\$37	487
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	13	2,528	\$70,974	\$5,460	\$28	194
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	8	20	\$8,095	\$1,012	\$405	3
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	7	1,306	\$97,776	\$13,968	\$75	187
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	19	90	\$19,056	\$1,003	\$212	5
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	8	8	\$225	\$28	\$28	1
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	7	8	\$1,156	\$165	\$144	1
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	23	53	\$1,399	\$61	\$26	2
Health Services		T1002		15 Minutes	8	18	\$695	\$87	\$39	2
Respite Care		T1005		Encounter	76	43,544	\$305,625	\$4,021	\$7	573
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	287	8,158	\$505,788	\$1,762	\$62	28
Targeted Case Management		T1017		Per Diem	200	3,317	\$205,651	\$1,028	\$62	17
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	19	3,026	\$27,151	\$1,429	\$9	159
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	12	1,920	\$36,632	\$3,053	\$19	160
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	23	3,965	\$358,814	\$15,601	\$90	172
Assessments		T1023		15 Minutes	2	2	\$964	\$482	\$482	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	59	489	\$71,504	\$1,212	\$146	8
Enhanced Medical Equipment-Supplies		T2028		Encounter	1	1	\$234	\$234	\$234	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	1	1	\$250	\$250	\$250	1
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>248</b>		<b>\$5,124,452</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	24	\$20,204	\$10,102	\$842	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	17	169	\$130,819	\$7,695	\$774	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	1	2	\$803	\$803	\$402	2
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			6	6	\$956	\$159	\$159	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	136	136	\$114,003	\$838	\$838	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	3	12	\$159	\$53	\$13	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	57	442	\$31,927	\$560	\$72	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	16	42	\$2,765	\$173	\$66	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	8	44	\$4,180	\$522	\$95	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	15	53	\$4,194	\$280	\$79	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	1	3	\$96	\$96	\$32	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	9	\$0	\$0	\$0	9
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	1	1	\$9	\$9	\$9	1
Physical Therapy		97001		First 30-74 Min.	1	1	\$132	\$132	\$132	1
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	3	308	\$5,248	\$1,749	\$17	103
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Kalamazoo										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	1	14	\$247	\$247	\$18	14
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	1	1	\$336	\$336	\$336	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	9	109	\$4,987	\$554	\$46	12
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	70	94	\$8,983	\$128	\$96	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	172	275	\$47,894	\$278	\$174	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	264	592	\$143,285	\$543	\$242	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	170	429	\$202,479	\$1,191	\$472	3
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	6	7	\$493	\$82	\$70	1
Additional Codes-Physician Services		99222		15 Minutes	5	7	\$669	\$134	\$96	1
Additional Codes-Physician Services		99223		Encounter	8	9	\$771	\$96	\$86	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	20	94	\$5,978	\$299	\$64	5
Additional Codes-Physician Services		99232		15 Minutes	17	30	\$2,323	\$137	\$77	2
Additional Codes-Physician Services		99233		15 Minutes	15	41	\$3,496	\$233	\$85	3
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	11	14	\$1,314	\$119	\$94	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	5	36	\$14,799	\$2,960	\$411	7
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	39	67	\$13,118	\$336	\$196	2
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	79	179	\$20,176	\$255	\$113	2
Assessment for Autism		H0031	U5	Encounter	5	7	\$3,479	\$696	\$497	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	95	156	\$40,129	\$422	\$257	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	78	192	\$87,807	\$1,126	\$457	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	44	4,606	\$271,793	\$6,177	\$59	105
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	4	64	\$3,071	\$768	\$48	16
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	9	2,407	\$53,285	\$5,921	\$22	267
Community Living Supports in Independent living/own home		H0043		Encounter	87	29,011	\$5,811,762	\$66,802	\$200	333
Respite		H0045		Encounter	31	577	\$125,036	\$4,033	\$217	19
Peer Directed and Operated Support Services		H0046		Encounter	103	7,868	\$129,564	\$1,258	\$16	76
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	51	155	\$2,454	\$48	\$16	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	20	61	\$27,035	\$1,352	\$443	3
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	55	827	\$19,536	\$355	\$24	15

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	230	756,915	\$2,747,465	\$11,946	\$4	3,291
Community Living Supports (15 Minutes)		H2015		Encounter	283	860,132	\$3,183,490	\$11,249	\$4	3,039
Community Living Supports (Daily)		H2016		Encounter	9	2,729	\$299,073	\$33,230	\$110	303
Community Living Supports (Daily)		H2016	TF	15 Minutes	109	34,705	\$3,247,439	\$29,793	\$94	318
Community Living Supports (Daily)		H2016	TG	Per mile	103	31,460	\$4,387,640	\$42,598	\$139	305
Behavior Services		H2019		Per mile	11	1,019	\$17,177	\$1,562	\$17	93
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	4	1,847	\$30,406	\$7,602	\$16	462
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	25	1,843	\$103,579	\$4,143	\$56	74
Supported Employment Services		H2023		Per one-way trip	79	41,471	\$277,773	\$3,516	\$7	525
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	15	21,563	\$74,328	\$4,955	\$3	1,438
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	4	215	\$5,710	\$1,427	\$27	54
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	8	144	\$12,789	\$1,599	\$89	18
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	17	433	\$33,502	\$1,971	\$77	25
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	2	12	\$687	\$344	\$57	6
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Kalamazoo**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	7	9	\$858	\$123	\$95	1
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	2	4	\$106	\$53	\$26	2
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	76	85	\$24,980	\$329	\$294	1
Health Services		T1002		15 Minutes	93	1,214	\$76,500	\$823	\$63	13
Respite Care		T1005		Encounter	242	183,498	\$409,855	\$1,694	\$2	758
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	1	344	\$2,383	\$2,383	\$7	344
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	1	1,975	\$5,497	\$5,497	\$3	1,975
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	716	40,796	\$3,005,425	\$4,198	\$74	57
Targeted Case Management		T1017		Per Diem	60	1,946	\$74,356	\$1,239	\$38	32
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	25	7,296	\$232,540	\$9,302	\$32	292
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	118	38,995	\$2,352,861	\$19,940	\$60	330
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	72	21,495	\$2,184,957	\$30,347	\$102	299
Assessments		T1023		15 Minutes	12	14	\$4,660	\$388	\$333	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	102	1,003	\$106,453	\$1,044	\$106	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	1	1	\$1,059	\$1,059	\$1,059	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	4	0	\$19,274	\$4,819	\$0	0
<b>Total Population and Cost</b>					<b>1,007</b>		<b>\$30,284,613</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

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		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	14	\$9,161	\$4,580	\$654	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	5	5	\$589	\$118	\$118	1
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			5	6	\$2,236	\$447	\$373	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	19	19	\$7,530	\$396	\$396	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	12	25	\$1,409	\$117	\$56	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	19	323	\$34,389	\$1,810	\$106	17
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	4	26	\$3,738	\$934	\$144	7
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	1	1	\$82	\$82	\$82	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	5	43	\$3,196	\$639	\$74	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	8	50	\$4,057	\$507	\$81	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	2	12	\$831	\$416	\$69	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	2	\$1,354	\$1,354	\$677	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	4	63	\$2,244	\$561	\$36	16
Physical Therapy		97001		First 30-74 Min.	2	2	\$284	\$142	\$142	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	13	13	\$8,488	\$653	\$653	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	34	41	\$2,561	\$75	\$62	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	86	161	\$15,333	\$178	\$95	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	117	333	\$48,765	\$417	\$146	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	92	192	\$45,972	\$500	\$239	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	18	36	\$13,803	\$767	\$383	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	3	30	\$8,324	\$2,775	\$277	10
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	66	71	\$13,505	\$205	\$190	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	25	59	\$7,022	\$281	\$119	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	12	20	\$2,065	\$172	\$103	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	2	76	\$8,321	\$4,161	\$109	38
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	10	13	\$510	\$51	\$39	1
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	33	10,599	\$598,507	\$18,137	\$56	321
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	21	66	\$10,516	\$501	\$159	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	6	6	\$956	\$159	\$159	1
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	6	12	\$453	\$75	\$38	2

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	206	756,771	\$3,661,258	\$17,773	\$5	3,674
Community Living Supports (15 Minutes)		H2015		Encounter	71	101,925	\$389,744	\$5,489	\$4	1,436
Community Living Supports (Daily)		H2016		Encounter	9	2,606	\$91,780	\$10,198	\$35	290
Community Living Supports (Daily)		H2016	TF	15 Minutes	10	3,592	\$142,915	\$14,292	\$40	359
Community Living Supports (Daily)		H2016	TG	Per mile	63	20,363	\$3,003,543	\$47,675	\$148	323
Behavior Services		H2019		Per mile	2	579	\$20,745	\$10,372	\$36	290
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	4	10,525	\$64,762	\$16,190	\$6	2,631
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	19	72	\$7,871	\$414	\$109	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	21	285	\$31,154	\$1,484	\$109	14
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	1	3	\$400	\$400	\$133	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	1	12	\$127	\$127	\$11	12
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	6	41	\$19,878	\$3,313	\$485	7
Health Services		S9446		15 minutes	5	26	\$3,303	\$661	\$127	5
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	1	\$130	\$130	\$130	1
Health Services		T1002		15 Minutes	144	482	\$20,642	\$143	\$43	3
Respite Care		T1005		Encounter	29	22,738	\$71,790	\$2,476	\$3	784
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	1	180	\$596	\$596	\$3	180
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	329	15,100	\$931,217	\$2,830	\$62	46
Targeted Case Management		T1017		Per Diem	1	100	\$6,435	\$6,435	\$64	100
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	1	43	\$2,396	\$2,396	\$56	43
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	40	11,653	\$118,319	\$2,958	\$10	291
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	44	14,112	\$710,145	\$16,140	\$50	321
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	4	796	\$38,783	\$9,696	\$49	199
Assessments		T1023		15 Minutes	10	15	\$1,450	\$145	\$97	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	1	254	\$5,631	\$5,631	\$22	254
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	2	609	\$6,024	\$3,012	\$10	305
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	10	\$390	\$390	\$39	10
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	7	76	\$10,000	\$1,429	\$132	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	12	148	\$47,076	\$3,923	\$318	12
Respite Care		T2037		Days	12	55	\$5,132	\$428	\$93	5
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$4,546	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>369</b>		<b>\$10,274,382</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lenawee

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		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			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			1	1	\$228	\$228	\$228	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	9	9	\$3,231	\$359	\$359	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	2	26	\$10,976	\$5,488	\$422	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	6	6	\$420	\$70	\$70	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	12	41	\$5,327	\$444	\$130	3
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	4	64	\$12,688	\$3,172	\$198	16
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lenawee										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	1	1	\$97	\$97	\$97	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	62	165	\$12,675	\$204	\$77	3
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	86	241	\$31,406	\$365	\$130	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	11	12	\$2,261	\$206	\$188	1
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	1	1	\$283	\$283	\$283	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lenawee

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	43	47	\$15,061	\$350	\$320	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	11	16	\$2,303	\$209	\$144	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	25	280	\$20,392	\$816	\$73	11
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	5	20	\$1,188	\$238	\$59	4
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	4	34	\$5,585	\$1,396	\$164	9
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	24	46	\$1,480	\$62	\$32	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	5	10	\$1,186	\$237	\$119	2

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	126	337,011	\$899,314	\$7,137	\$3	2,675
Community Living Supports (15 Minutes)		H2015		Encounter	64	687,598	\$1,799,055	\$28,110	\$3	10,744
Community Living Supports (Daily)		H2016		Encounter	30	10,447	\$825,649	\$27,522	\$79	348
Community Living Supports (Daily)		H2016	TF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per mile	24	8,241	\$986,750	\$41,115	\$120	343
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	6	6,739	\$33,358	\$5,560	\$5	1,123
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	1	5	\$637	\$637	\$127	5
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	1	3	\$180	\$180	\$60	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	4	48	\$58,579	\$14,645	\$1,220	12
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	1	19,224	\$154,901	\$154,901	\$8	19,224
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		15 Minutes	80	167	\$16,450	\$206	\$99	2
Respite Care		T1005		Encounter	60	40,527	\$152,878	\$2,548	\$4	675
Respite Care		T1005	TD	Encounter	2	6,730	\$54,190	\$27,095	\$8	3,365
Respite Care		T1005	TE	15 minutes	1	48	\$336	\$336	\$7	48
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	267	4,857	\$557,394	\$2,088	\$115	18
Targeted Case Management		T1017		Per Diem	15	190	\$18,996	\$1,266	\$100	13
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	9	94	\$8,511	\$946	\$91	10
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	35	11,784	\$725,496	\$20,728	\$62	337
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	15	5,093	\$254,456	\$16,964	\$50	340
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	5	1,811	\$206,433	\$41,287	\$114	362
Assessments		T1023		15 Minutes	1	1	\$278	\$278	\$278	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	12	\$3,499	\$3,499	\$292	12
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	17	172	\$17,296	\$1,017	\$101	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	1	0	\$3,091	\$3,091	\$0	0
<b>Total Population and Cost</b>					<b>305</b>		<b>\$6,904,513</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	45	\$19,887	\$9,944	\$442	23
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	11	135	\$63,738	\$5,794	\$472	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	32	312	\$168,760	\$5,274	\$541	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			21	21	\$13,928	\$663	\$663	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	87	87	\$38,228	\$439	\$439	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	22	83	\$5,637	\$256	\$68	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	111	1,106	\$86,325	\$778	\$78	10
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	11	64	\$6,446	\$586	\$101	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	4	\$382	\$382	\$95	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	8	106	\$6,350	\$794	\$60	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	2	35	\$27,869	\$13,935	\$796	18
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	1	1	\$100	\$100	\$100	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	1	1	\$110	\$110	\$110	1
Speech & Language Therapy		92507		Encounter 75-80 Min	11	497	\$18,621	\$1,693	\$37	45
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	9	9	\$992	\$110	\$110	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	2	37	\$1,508	\$754	\$41	19
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	14	52	\$5,845	\$417	\$112	4
Assessment for Autism		96101	U5	Encounter 75-80 Min	15	133	\$13,958	\$931	\$105	9
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	8	113	\$7,769	\$971	\$69	14
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	66	67	\$11,746	\$178	\$175	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	11	772	\$13,089	\$1,190	\$17	70
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	150	608	\$21,750	\$145	\$36	4
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	135	332	\$72,249	\$535	\$218	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	281	938	\$217,117	\$773	\$231	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	219	618	\$127,739	\$583	\$207	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	32	39	\$13,428	\$420	\$344	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	1	1	\$27	\$27	\$27	1
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	1	8	\$113	\$113	\$14	8
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	2	28	\$119	\$59	\$4	14
Additional Codes-Transportation		A0427		Encounter	2	2	\$229	\$114	\$114	1
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	1	18	\$1,155	\$1,155	\$64	18
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	128	138	\$33,880	\$265	\$246	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	10	124	\$36,946	\$3,695	\$298	12
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	18	941	\$31,408	\$1,745	\$33	52
Prevention Services - Direct Model		H0025		Encounter	10	122	\$9,140	\$914	\$75	12
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	240	382	\$131,949	\$550	\$345	2
Assessment for Autism		H0031	U5	Encounter	7	14	\$9,629	\$1,376	\$688	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	503	7,614	\$729,529	\$1,450	\$96	15
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	70	8,692	\$536,031	\$7,658	\$62	124
Home Based Services		H0036	ST	Encounter	13	1,076	\$67,141	\$5,165	\$62	83
Peer Directed and Operated Support Services		H0038		Encounter	14	1,066	\$21,271	\$1,519	\$20	76
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	9	3,179	\$99,645	\$11,072	\$31	353
Community Living Supports in Independent living/own home		H0043		Encounter	127	46,935	\$5,243,151	\$41,285	\$112	370
Respite		H0045		Encounter	29	744	\$70,127	\$2,418	\$94	26
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	58	310	\$22,027	\$380	\$71	5

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category										
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	122	67,478	\$279,355	\$2,290	\$4	553
Community Living Supports (15 Minutes)		H2015		Encounter	420	535,535	\$2,274,366	\$5,415	\$4	1,275
Community Living Supports (Daily)		H2016		Encounter	54	15,298	\$494,399	\$9,156	\$32	283
Community Living Supports (Daily)		H2016	TF	15 Minutes	57	14,434	\$1,153,025	\$20,229	\$80	253
Community Living Supports (Daily)		H2016	TG	Per mile	77	21,498	\$3,702,804	\$48,088	\$172	279
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	28	\$203	\$0	\$7	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	5,915	\$42,823	\$0	\$7	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	11	673	\$30,688	\$2,790	\$46	61
Supported Employment Services		H2023		Per one-way trip	34	10,786	\$142,411	\$4,189	\$13	317
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	21	36,430	\$169,909	\$8,091	\$5	1,735
Home Based Services		H2033		Items	6	730	\$34,303	\$5,717	\$47	122
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	68	130	\$19,851	\$292	\$153	2
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	19	371	\$11,582	\$610	\$31	20
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	13	34	\$2,088	\$161	\$61	3
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	13	191	\$12,315	\$947	\$64	15
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	3	5	\$20,199	\$6,733	\$4,040	2

CMHSP Cost Data by Service Category

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	11	45	\$4,479	\$407	\$100	4
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	1	24	\$393	\$393	\$16	24
Private Duty Nursing		T1000	TE	Encounter	4	21,979	\$181,366	\$45,342	\$8	5,495
Assessment		T1001		Encounter	260	313	\$50,096	\$193	\$160	1
Health Services		T1002		15 Minutes	146	1,250	\$45,595	\$312	\$36	9
Respite Care		T1005		Encounter	93	42,623	\$82,778	\$890	\$2	458
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	385	21,927	\$819,022	\$2,127	\$37	57
Targeted Case Management		T1017		Per Diem	319	15,453	\$605,112	\$1,897	\$39	48
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	22	429	\$12,080	\$549	\$28	20
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	38	12,122	\$387,934	\$10,209	\$32	319
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	36	8,783	\$579,020	\$16,084	\$66	244
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	76	22,167	\$3,482,842	\$45,827	\$157	292
Assessments		T1023		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	74	548	\$43,314	\$585	\$79	7
Transportation		T2001		15 minutes	1	476	\$1,645	\$1,645	\$3	476

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Lifeways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	19	35	\$12,571	\$662	\$359	2
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	2	14	\$4,588	\$2,294	\$328	7
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	89	907	\$122,287	\$1,374	\$135	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	4	4	\$3,996	\$999	\$999	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>903</b>		<b>\$22,836,522</b>			



**CMHSP Cost Data by Service Category**

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	95	\$32,884	\$32,884	\$346	95
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	14	\$8,734	\$8,734	\$624	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	22	\$17,689	\$5,896	\$804	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	34	34	\$14,932	\$439	\$439	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	18	42	\$4,820	\$268	\$115	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	25	51	\$8,944	\$358	\$175	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	48	338	\$74,741	\$1,557	\$221	7
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	4	22	\$4,991	\$1,248	\$227	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	14	99	\$23,435	\$1,674	\$237	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	7	42	\$5,447	\$778	\$130	6
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	13	60	\$6,909	\$531	\$115	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	6	9	\$1,273	\$212	\$141	2
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	10	11	\$1,004	\$100	\$91	1
Speech & Language Therapy		92507		Encounter 75-80 Min	66	1,185	\$86,834	\$1,316	\$73	18
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	5	5	\$396	\$79	\$79	1
Speech & Language Therapy		92523		Encounter 45-50 Min	37	42	\$3,582	\$97	\$85	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	1	1	\$74	\$74	\$74	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	82	153	\$23,608	\$288	\$154	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	8	86	\$13,625	\$1,703	\$158	11
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	55	56	\$2,020	\$37	\$36	1
Occupational Therapy		97004		Encounter	21	26	\$772	\$37	\$30	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	1	16	\$374	\$374	\$23	16
Occupational or Physical Therapy		97113		Encounter	6	90	\$2,105	\$351	\$23	15
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	3	181	\$3,450	\$1,150	\$19	60
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	57	3,197	\$71,658	\$1,257	\$22	56
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	13	63	\$1,789	\$138	\$28	5
Assessment or Health Services		97803		First Hour	7	33	\$882	\$126	\$27	5
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	1	1	\$130	\$130	\$130	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	37	66	\$7,265	\$196	\$110	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	106	348	\$52,663	\$497	\$151	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	68	136	\$28,401	\$418	\$209	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	19	55	\$12,771	\$672	\$232	3
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	11	17	\$3,126	\$284	\$184	2
Activity Therapy (Children's Waiver)		G0176		Encounter	3	37	\$1,707	\$569	\$46	12
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	47	51	\$22,233	\$473	\$436	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	39	\$2,756	\$2,756	\$71	39
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	81	108	\$65,468	\$808	\$606	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	126	325	\$39,565	\$314	\$122	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	110	422	\$46,778	\$425	\$111	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	7	707	\$35,369	\$5,053	\$50	101
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	3	178	\$5,831	\$1,944	\$33	59
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	3	441	\$35,869	\$11,956	\$81	147
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	9	123	\$12,248	\$1,361	\$100	14
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	30	85	\$18,093	\$603	\$213	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	10	30	\$2,441	\$244	\$81	3

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	155	264,615	\$825,881	\$5,328	\$3	1,707
Community Living Supports (15 Minutes)		H2015		Encounter	209	2,415,431	\$6,154,487	\$29,447	\$3	11,557
Community Living Supports (Daily)		H2016		Encounter	4	1,402	\$36,317	\$9,079	\$26	351
Community Living Supports (Daily)		H2016	TF	15 Minutes	21	6,390	\$300,993	\$14,333	\$47	304
Community Living Supports (Daily)		H2016	TG	Per mile	21	6,312	\$1,043,825	\$49,706	\$165	301
Behavior Services		H2019		Per mile	12	13,469	\$200,981	\$16,748	\$15	1,122
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	5	252	\$23,885	\$4,777	\$95	50
Supported Employment Services		H2023		Per one-way trip	61	48,869	\$153,402	\$2,515	\$3	801
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	7	5,640	\$29,473	\$4,210	\$5	806
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	3	11	\$1,296	\$432	\$118	4
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	12	170	\$5,375	\$448	\$32	14
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	26	105	\$13,310	\$512	\$127	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	4	6	\$287	\$72	\$48	2
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	8	8	\$2,625	\$328	\$328	1
Personal Emergency Response System (PERS)		S5161		Encounter	44	431	\$444,266	\$10,097	\$1,031	10
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	2	\$445	\$223	\$223	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			1	29	\$1,500	\$1,500	\$52	29
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	1	8,714	\$76,340	\$76,340	\$9	8,714
Private Duty Nursing		T1000	TE	Encounter	1	696	\$6,066	\$6,066	\$9	696
Assessment		T1001		Encounter	4	4	\$563	\$141	\$141	1
Health Services		T1002		15 Minutes	47	466	\$60,402	\$1,285	\$130	10
Respite Care		T1005		Encounter	178	136,175	\$576,888	\$3,241	\$4	765
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	519	9,087	\$1,120,305	\$2,159	\$123	18
Targeted Case Management		T1017		Per Diem	18	301	\$17,982	\$999	\$60	17
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	5	77	\$3,766	\$753	\$49	15
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	13	4,287	\$111,050	\$8,542	\$26	330
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	10	2,861	\$134,764	\$13,476	\$47	286
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	21	6,956	\$581,982	\$27,713	\$84	331
Assessments		T1023		15 Minutes	7	10	\$4,107	\$587	\$411	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	42	78	\$21,679	\$516	\$278	2
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	4	2,524	\$49,309	\$12,327	\$20	631
Targeted Case Management (Children's Waiver)		T2023		Per Mile	8	48	\$25,255	\$3,157	\$526	6
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	65	677	\$68,559	\$1,055	\$101	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	4	16	\$6,299	\$1,575	\$394	4
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	2	2	\$15,076	\$7,538	\$7,538	1
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	3	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>600</b>		<b>\$12,928,424</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Macomb

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		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	74	975	\$612,171	\$8,273	\$628	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	59	841	\$523,275	\$8,869	\$622	14
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	31	44	\$7,210	\$233	\$164	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	3	82	\$74,281	\$24,760	\$906	27
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	27	195	\$55,671	\$2,062	\$285	7
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Macomb

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	49	72	\$608	\$12	\$8	1
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			92	99	\$21,684	\$236	\$219	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	309	353	\$85,344	\$276	\$242	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	64	172	\$22,463	\$351	\$131	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	1	1	\$163	\$163	\$163	1
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	149	1,154	\$155,852	\$1,046	\$135	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	2	4	\$805	\$403	\$201	2
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	92	369	\$74,812	\$813	\$203	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	1	1	\$256	\$256	\$256	1
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	1	1	\$256	\$256	\$256	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	3	11	\$2,747	\$916	\$250	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	69	316	\$41,013	\$594	\$130	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	20	154	\$6,923	\$346	\$45	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	1	1	\$193	\$193	\$193	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	32	33	\$4,688	\$147	\$142	1
Speech & Language Therapy		92507		Encounter 75-80 Min	179	6,068	\$542,378	\$3,030	\$89	34
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	4	4	\$627	\$157	\$157	1
Speech & Language Therapy		92522		Encounter 20-30 Min	6	6	\$950	\$158	\$158	1
Speech & Language Therapy		92523		Encounter 45-50 Min	72	73	\$12,128	\$168	\$166	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	90	91	\$55,619	\$618	\$611	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	152	179	\$32,513	\$214	\$182	1
Assessment for Autism		96101	U5	Encounter 75-80 Min	9	15	\$1,897	\$211	\$126	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	23	198	\$21,441	\$932	\$108	9
Physical Therapy		97001		First 30-74 Min.	39	39	\$5,005	\$128	\$128	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	249	258	\$69,368	\$279	\$269	1
Occupational Therapy		97004		Encounter	9	9	\$208	\$23	\$23	1
Occupational or Physical Therapy		97110		Encounter	65	13,149	\$376,538	\$5,793	\$29	202
Occupational or Physical Therapy		97112		Encounter	1	84	\$2,683	\$2,683	\$32	84
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	20	1,129	\$11,935	\$597	\$11	56
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	192	30,234	\$915,979	\$4,771	\$30	157
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	24	707	\$10,151	\$423	\$14	29
Occupational or Physical Therapy		97535		Encounter	18	682	\$10,995	\$611	\$16	38
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	16	39	\$3,859	\$241	\$99	2
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	1	4	\$321	\$321	\$80	4
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	1	1	\$93	\$93	\$93	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	3	3	\$419	\$140	\$140	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	1	1	\$93	\$93	\$93	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	6	14	\$919	\$153	\$66	2
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	125	272	\$16,792	\$134	\$62	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	688	2,393	\$192,341	\$280	\$80	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	579	1,877	\$300,601	\$519	\$160	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	28	33	\$5,482	\$196	\$166	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	10	14	\$1,306	\$131	\$93	1
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	4	6	\$560	\$140	\$93	2
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	3	16	\$1,469	\$490	\$92	5
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	3	277	\$2,864	\$955	\$10	92
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	2	2	\$617	\$309	\$309	1
Activity Therapy (Children's Waiver)		G0176		Encounter	76	2,590	\$143,905	\$1,893	\$56	34
Family Training/Support EBP only		G0177		Encounter	3	44	\$3,606	\$1,202	\$82	15
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$123	\$123	\$123	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	9	92	\$33,027	\$3,670	\$359	10
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	2,429	3,082	\$790,200	\$325	\$256	1
Assessment for Autism		H0031	U5	Encounter	65	70	\$35,101	\$540	\$501	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	1,000	1,725	\$445,115	\$445	\$258	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	487	1,791	\$502,352	\$1,032	\$280	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	31	189	\$10,463	\$338	\$55	6
Home Based Services		H0036		Encounter	36	4,435	\$222,152	\$6,171	\$50	123
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	3	87	\$3,235	\$1,078	\$37	29
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	6	478	\$32,523	\$5,421	\$68	80
Community Living Supports in Independent living/own home		H0043		Encounter	243	79,034	\$14,194,542	\$58,414	\$180	325
Respite		H0045		Encounter	179	2,849	\$701,537	\$3,919	\$246	16
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	27	63	\$4,883	\$181	\$78	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	23	164	\$21,180	\$921	\$129	7
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	9	55	\$4,159	\$462	\$76	6

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1,250	3,272,175	\$9,269,868	\$7,416	\$3	2,618
Community Living Supports (15 Minutes)		H2015		Encounter	2,305	10,901,759	\$36,304,922	\$15,751	\$3	4,730
Community Living Supports (Daily)		H2016		Encounter	245	73,309	\$4,022,439	\$16,418	\$55	299
Community Living Supports (Daily)		H2016	TF	15 Minutes	172	44,757	\$3,676,307	\$21,374	\$82	260
Community Living Supports (Daily)		H2016	TG	Per mile	251	68,230	\$8,828,605	\$35,174	\$129	272
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	7	3,852	\$57,885	\$8,269	\$15	550
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	60	45,117	\$650,324	\$10,839	\$14	752
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	9	471	\$29,085	\$3,232	\$62	52
Supported Employment Services		H2023		Per one-way trip	130	128,052	\$570,419	\$4,388	\$4	985
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	25	28,236	\$154,585	\$6,183	\$5	1,129
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	99	332	\$34,124	\$345	\$103	3
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	48	1,296	\$44,152	\$920	\$34	27
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	434	3,500	\$527,468	\$1,215	\$151	8
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	14	190	\$30,114	\$2,151	\$158	14
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	116	658	\$164,263	\$1,416	\$250	6
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	82	4,146	\$357,934	\$4,365	\$86	51
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	5	59	\$2,182	\$436	\$37	12
Environmental Modification		S5165		Face to Face Contact	36	49	\$256,806	\$7,134	\$5,241	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	193	408	\$104,524	\$542	\$256	2
Occupational or Physical Therapy		S8990		Encounter	104	481	\$55,555	\$534	\$115	5
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	5	16	\$1,187	\$237	\$74	3
Health Services		S9470		15 Minutes	160	236	\$58,202	\$364	\$247	1
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	4	12	\$3,281	\$820	\$273	3
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	2	6,052	\$60,922	\$30,461	\$10	3,026
Private Duty Nursing		T1000	TE	Encounter	11	74,136	\$599,112	\$54,465	\$8	6,740
Assessment		T1001		Encounter	492	521	\$195,264	\$397	\$375	1
Health Services		T1002		15 Minutes	547	5,940	\$493,053	\$901	\$83	11
Respite Care		T1005		Encounter	1,315	2,134,744	\$7,292,047	\$5,545	\$3	1,623
Respite Care		T1005	TD	Encounter	5	18,822	\$188,492	\$37,698	\$10	3,764
Respite Care		T1005	TE	15 minutes	44	190,690	\$1,527,827	\$34,723	\$8	4,334
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	130	204,394	\$486,804	\$3,745	\$2	1,572
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	5	5	\$1,088	\$218	\$218	1
Supports Coordination/Wrap Facilitation		T1016		Per Diem	3,189	163,618	\$9,962,884	\$3,124	\$61	51
Targeted Case Management		T1017		Per Diem	287	12,152	\$855,764	\$2,982	\$70	42
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	35	1,594	\$116,966	\$3,342	\$73	46
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	258	70,755	\$1,795,976	\$6,961	\$25	274
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	162	41,953	\$2,854,806	\$17,622	\$68	259
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	246	73,557	\$7,404,875	\$30,101	\$101	299
Assessments		T1023		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	158	1,431	\$112,859	\$714	\$79	9
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	163	138,519	\$2,235,073	\$13,712	\$16	850
Targeted Case Management (Children's Waiver)		T2023		Per Mile	116	1,257	\$580,187	\$5,002	\$462	11
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	643	6,815	\$819,688	\$1,275	\$120	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	33	289	\$12,352	\$374	\$43	9
Respite Care		T2037		Days	21	407	\$6,726	\$320	\$17	19
Housing Assistance		T2038		Days	50	431	\$85,043	\$1,701	\$197	9
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	3	6	\$1,598	\$533	\$266	2
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$106,103	\$0	\$0	0
Other				Month	145	0	\$132,761	\$916	\$0	0
Aggregate for 'J' Codes		ALL		Service	11	0	\$61,367	\$5,579	\$0	0
<b>Total Population and Cost</b>					<b>3,729</b>		<b>\$124,630,537</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	175	\$71,865	\$17,966	\$411	44
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			2	2	\$466	\$233	\$233	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	12	12	\$6,070	\$506	\$506	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	14	45	\$4,700	\$336	\$104	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	29	116	\$13,736	\$474	\$118	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	29	149	\$28,499	\$983	\$191	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	6	10	\$2,506	\$418	\$251	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	4	10	\$3,736	\$934	\$374	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	2	2	\$275	\$138	\$138	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	2	3	\$150	\$75	\$50	2
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	7	19	\$9,604	\$1,372	\$505	3
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	5	\$1,284	\$1,284	\$257	5
Occupational Therapy		97004		Encounter	2	2	\$367	\$184	\$184	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	2	5,596	\$17,697	\$8,849	\$3	2,798
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	7	7	\$1,350	\$193	\$193	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	76	412	\$79,809	\$1,050	\$194	5
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	23	62	\$22,820	\$992	\$368	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	3	3	\$2,264	\$755	\$755	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	1	1	\$213	\$213	\$213	1
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	1	3	\$328	\$328	\$109	3
Additional Codes-Physician Services		99233		15 Minutes	1	4	\$753	\$753	\$188	4
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	1	240	\$4,365	\$4,365	\$18	240
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	9	26	\$4,760	\$529	\$183	3
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	12	263	\$40,208	\$3,351	\$153	22
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	39	40	\$12,301	\$315	\$308	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	22	60	\$15,001	\$682	\$250	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	11	94	\$6,868	\$624	\$73	9
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	6	437	\$31,896	\$5,316	\$73	73
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	10	1,837	\$44,152	\$4,415	\$24	184
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	4	1,048	\$58,895	\$14,724	\$56	262
Community Living Supports in Independent living/own home		H0043		Encounter	37	11,640	\$1,791,278	\$48,413	\$154	315
Respite		H0045		Encounter	18	270	\$39,264	\$2,181	\$145	15
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	2	\$529	\$265	\$265	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	22	141	\$13,954	\$634	\$99	6
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	16	83	\$27,115	\$1,695	\$327	5

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	3	5,371	\$23,225	\$7,742	\$4	1,790
Community Living Supports (15 Minutes)		H2015		Encounter	134	173,987	\$1,634,247	\$12,196	\$9	1,298
Community Living Supports (Daily)		H2016		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	1	365	\$17,410	\$17,410	\$48	365
Community Living Supports (Daily)		H2016	TG	Per mile	30	9,504	\$1,135,884	\$37,863	\$120	317
Behavior Services		H2019		Per mile	1	600	\$7,950	\$7,950	\$13	600
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	33	7,653	\$229,225	\$6,946	\$30	232
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	5	6	\$1,500	\$300	\$250	1
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	1	4	\$345	\$345	\$86	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	1	12	\$345	\$345	\$29	12
Environmental Modification		S5165		Face to Face Contact	1	1	\$3,155	\$3,155	\$3,155	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	2	\$6,751	\$3,376	\$3,376	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	4	4	\$1,080	\$270	\$270	1
Health Services		T1002		15 Minutes	76	386	\$51,296	\$675	\$133	5
Respite Care		T1005		Encounter	29	14,563	\$42,096	\$1,452	\$3	502
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	109	4,495	\$561,752	\$5,154	\$125	41
Targeted Case Management		T1017		Per Diem	106	3,721	\$235,798	\$2,225	\$63	35
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	7	54	\$8,616	\$1,231	\$160	8
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	11	2,215	\$43,397	\$3,945	\$20	201
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	20	7,654	\$382,979	\$19,149	\$50	383
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		15 Minutes	12	26	\$34,316	\$2,860	\$1,320	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	15	26	\$9,288	\$619	\$357	2
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	1	127	\$1,424	\$1,424	\$11	127
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	51	\$1,378	\$1,378	\$27	51
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	3	19	\$2,961	\$987	\$156	6
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	1	6	\$388	\$388	\$65	6
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>252</b>		<b>\$6,795,884</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	182	\$100,626	\$100,626	\$553	182
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	9	50	\$32,663	\$3,629	\$653	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			1	1	\$242	\$242	\$242	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	15	15	\$3,306	\$220	\$220	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	19	61	\$5,489	\$289	\$90	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	23	70	\$9,402	\$409	\$134	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	2	20	\$2,913	\$1,456	\$146	10
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	31	145	\$24,889	\$803	\$172	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	35	221	\$37,555	\$1,073	\$170	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	27	28	\$2,100	\$78	\$75	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	42	146	\$34,957	\$832	\$239	3
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	14	40	\$3,004	\$215	\$75	3
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	4	60	\$21,373	\$5,343	\$356	15
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	45	46	\$16,181	\$360	\$352	1
Occupational Therapy		97004		Encounter	23	25	\$8,473	\$368	\$339	1
Occupational or Physical Therapy		97110		Encounter	2	68	\$4,364	\$2,182	\$64	34
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	2	2	\$948	\$474	\$474	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	30	34	\$1,657	\$55	\$49	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	158	307	\$25,512	\$161	\$83	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	226	758	\$119,173	\$527	\$157	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	40	67	\$12,008	\$300	\$179	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	294	600	\$102,624	\$349	\$171	2
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	17	29	\$2,498	\$147	\$86	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	3	354	\$15,080	\$5,027	\$43	118
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	9	197	\$5,685	\$632	\$29	22
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	4	1,076	\$57,878	\$14,470	\$54	269
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	29	306	\$25,374	\$875	\$83	11
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	19	54	\$1,048	\$55	\$19	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	54	\$1,048	\$131	\$19	7
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	31	77	\$7,203	\$232	\$94	2

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	160	347,719	\$952,750	\$5,955	\$3	2,173
Community Living Supports (15 Minutes)		H2015		Encounter	345	2,944,337	\$8,067,483	\$23,384	\$3	8,534
Community Living Supports (Daily)		H2016		Encounter	1	359	\$9,779	\$9,779	\$27	359
Community Living Supports (Daily)		H2016	TF	15 Minutes	31	9,186	\$428,435	\$13,820	\$47	296
Community Living Supports (Daily)		H2016	TG	Per mile	46	12,543	\$1,333,948	\$28,999	\$106	273
Behavior Services		H2019		Per mile	5	3,616	\$54,240	\$10,848	\$15	723
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	7	964	\$69,206	\$9,887	\$72	138
Supported Employment Services		H2023		Per one-way trip	48	24,999	\$316,987	\$6,604	\$13	521
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	5	7,668	\$64,488	\$12,898	\$8	1,534
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	5	420	\$6,602	\$1,320	\$16	84
Family Training - EBP		S5110		Encounter	6	50	\$9,157	\$1,526	\$183	8
Family Training		S5111		Days	52	273	\$49,994	\$961	\$183	5
Family Training		S5111	HA	Days	7	8	\$1,465	\$209	\$183	1
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	2	24	\$29,289	\$14,645	\$1,220	12
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			1	62	\$3,918	\$3,918	\$63	62
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	15	32	\$8,736	\$582	\$273	2
Health Services		T1002		15 Minutes	231	820	\$32,866	\$142	\$40	4
Respite Care		T1005		Encounter	179	174,791	\$615,264	\$3,437	\$4	976
Respite Care		T1005	TD	Encounter	1	4	\$14	\$14	\$4	4
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	179	5,188	\$522,847	\$2,921	\$101	29
Targeted Case Management		T1017		Per Diem	430	11,564	\$637,755	\$1,483	\$55	27
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	2	378	\$7,337	\$3,668	\$19	189
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	18	6,219	\$319,968	\$17,776	\$51	346
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	49	15,491	\$1,796,801	\$36,669	\$116	316
Assessments		T1023		15 Minutes	16	31	\$3,560	\$223	\$115	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	14	10,825	\$100,456	\$7,175	\$9	773
Targeted Case Management (Children's Waiver)		T2023		Per Mile	4	36	\$3,741	\$935	\$104	9
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	137	1,458	\$144,779	\$1,057	\$99	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	6	0	\$65,045	\$10,841	\$0	0
<b>Total Population and Cost</b>					<b>611</b>		<b>\$16,342,183</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	9	\$5,977	\$5,977	\$664	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	2	30	\$16,716	\$8,358	\$557	15
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			32	32	\$23,061	\$721	\$721	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	1	\$264	\$264	\$264	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	4	14	\$1,728	\$432	\$123	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	9	34	\$6,821	\$758	\$201	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	2	2	\$546	\$273	\$273	1
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	3	5	\$910	\$303	\$182	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	1	22	\$1,748	\$1,748	\$79	22
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Encounter 75-80 Min	4	12	\$1,294	\$324	\$108	3
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	3	27	\$2,584	\$861	\$96	9
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	1	12	\$250	\$250	\$21	12
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Montcalm										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	8	8	\$659	\$82	\$82	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	28	33	\$6,523	\$233	\$198	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Montcalm Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	112	235	\$69,777	\$623	\$297	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	75	145	\$42,894	\$572	\$296	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	8	12	\$4,217	\$527	\$351	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	1	2	\$182	\$182	\$91	2
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	3	3	\$273	\$91	\$91	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	87	91	\$73,670	\$847	\$810	1
Assessment for Autism		H0031	U5	Encounter	2	3	\$1,884	\$942	\$628	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	39	121	\$23,102	\$592	\$191	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	32	3,276	\$188,411	\$5,888	\$58	102
Home Based Services		H0036	ST	Encounter	8	167	\$9,230	\$1,154	\$55	21
Peer Directed and Operated Support Services		H0038		Encounter	13	167	\$15,440	\$1,188	\$92	13
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	4	1,178	\$83,023	\$20,756	\$70	295
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	27	71	\$4,820	\$179	\$68	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	27	82	\$15,916	\$589	\$194	3
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	5	19	\$2,399	\$480	\$126	4

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Montcalm										
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	4	4,723	\$12,814	\$3,204	\$3	1,181
Community Living Supports (15 Minutes)		H2015		Encounter	48	159,617	\$756,989	\$15,771	\$5	3,325
Community Living Supports (Daily)		H2016		Encounter	8	2,429	\$50,887	\$6,361	\$21	304
Community Living Supports (Daily)		H2016	TF	15 Minutes	9	1,763	\$99,428	\$11,048	\$56	196
Community Living Supports (Daily)		H2016	TG	Per mile	36	10,498	\$1,345,605	\$37,378	\$128	292
Behavior Services		H2019		Per mile	6	707	\$41,928	\$6,988	\$59	118
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	1	63	\$224	\$224	\$4	63
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	28	22,811	\$75,686	\$2,703	\$3	815
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	23	33,996	\$225,017	\$9,783	\$7	1,478
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	2	60	\$1,044	\$522	\$17	30
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	40	46	\$35,731	\$893	\$777	1
Health Services		T1002		15 Minutes	41	531	\$98,052	\$2,392	\$185	13
Respite Care		T1005		Encounter	61	50,282	\$207,889	\$3,408	\$4	824
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	1	2	\$364	\$364	\$182	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	44	1,881	\$147,045	\$3,342	\$78	43
Targeted Case Management		T1017		Per Diem	170	4,374	\$366,622	\$2,157	\$84	26
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	19	5,353	\$78,390	\$4,126	\$15	282
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	13	4,109	\$195,580	\$15,045	\$48	316
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	19	4,256	\$323,232	\$17,012	\$76	224
Assessments		T1023		15 Minutes	5	5	\$4,770	\$954	\$954	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	18	191	\$6,242	\$347	\$33	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>229</b>		<b>\$4,677,858</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	7	320	\$172,922	\$24,703	\$540	46
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	59	\$45,146	\$7,524	\$765	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	22	248	\$186,128	\$8,460	\$751	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	35	\$30,463	\$30,463	\$870	35
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	1	2	\$395	\$395	\$198	2
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	2	3	\$18	\$9	\$6	2
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			57	64	\$11,612	\$204	\$181	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	1	2	\$493	\$493	\$246	2
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	34	80	\$5,241	\$154	\$66	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	43	233	\$20,974	\$488	\$90	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	62	223	\$31,596	\$510	\$142	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	1	2	\$632	\$632	\$316	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	5	\$1,226	\$613	\$245	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	13	50	\$6,700	\$515	\$134	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	30	398	\$27,535	\$918	\$69	13
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	1	29	\$26,621	\$26,621	\$918	29
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Muskegon										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	1	1	\$262	\$262	\$262	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	6	6	\$3,389	\$565	\$565	1
Speech & Language Therapy		92507		Encounter 75-80 Min	24	35	\$8,373	\$349	\$239	1
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	4	4	\$1,293	\$323	\$323	1
Speech & Language Therapy		92610		Encounter 75-80 Min	54	58	\$20,722	\$384	\$357	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	39	87	\$17,427	\$447	\$200	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	3	8	\$1,858	\$619	\$232	3
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	37	313	\$2,241	\$61	\$7	8
Physical Therapy		97001		First 30-74 Min.	72	75	\$25,752	\$358	\$343	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	65	67	\$27,070	\$416	\$404	1
Occupational Therapy		97004		Encounter	40	41	\$23,439	\$586	\$572	1
Occupational or Physical Therapy		97110		Encounter	55	685	\$27,280	\$496	\$40	12
Occupational or Physical Therapy		97112		Encounter	1	3	\$763	\$763	\$254	3
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	3	8	\$1,655	\$552	\$207	3

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Muskegon										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	159	1,169	\$114,017	\$717	\$98	7
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	15	50	\$10,089	\$673	\$202	3
Occupational or Physical Therapy		97535		Encounter	83	648	\$164,146	\$1,978	\$253	8
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	83	1,203	\$285,527	\$3,440	\$237	14
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	8	8	\$1,179	\$147	\$147	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	5	5	\$1,023	\$205	\$205	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	12	12	\$3,659	\$305	\$305	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	6	6	\$127	\$21	\$21	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	97	119	\$6,126	\$63	\$51	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	225	346	\$27,625	\$123	\$80	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	349	758	\$83,674	\$240	\$110	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	13	14	\$3,148	\$242	\$225	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	1	1	\$96	\$96	\$96	1
Additional Codes-Physician Services		99222		15 Minutes	1	1	\$151	\$151	\$151	1
Additional Codes-Physician Services		99223		Encounter	1	1	\$100	\$100	\$100	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	5	\$235	\$235	\$47	5
Additional Codes-Physician Services		99232		15 Minutes	2	25	\$1,737	\$869	\$69	13
Additional Codes-Physician Services		99233		15 Minutes	1	2	\$271	\$271	\$135	2
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	27	27	\$6,849	\$254	\$254	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Muskegon										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	7	12	\$6,090	\$870	\$508	2
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	203	239	\$95,671	\$471	\$400	1
Assessment for Autism		H0031	U5	Encounter	34	54	\$15,943	\$469	\$295	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	206	408	\$91,626	\$445	\$225	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	239	1,029	\$261,065	\$1,092	\$254	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	14	1,461	\$171,028	\$12,216	\$117	104
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	9	101	\$2,320	\$258	\$23	11
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	3	88	\$6,241	\$2,080	\$71	29
Community Living Supports in Independent living/own home		H0043		Encounter	9	2,369	\$333,053	\$37,006	\$141	263
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	85	561	\$3,243	\$38	\$6	7
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	90	198	\$10,576	\$118	\$53	2
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	21	60	\$5,197	\$247	\$87	3

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	442	1,320,690	\$4,445,657	\$10,058	\$3	2,988
Community Living Supports (15 Minutes)		H2015		Encounter	405	699,255	\$4,228,175	\$10,440	\$6	1,727
Community Living Supports (Daily)		H2016		Encounter	20	5,513	\$152,458	\$7,623	\$28	276
Community Living Supports (Daily)		H2016	TF	15 Minutes	56	14,652	\$884,317	\$15,791	\$60	262
Community Living Supports (Daily)		H2016	TG	Per mile	157	45,430	\$6,277,656	\$39,985	\$138	289
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	18	7,075	\$81,965	\$4,554	\$12	393
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	19	6,660	\$76,554	\$4,029	\$11	351
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	9	675	\$45,544	\$5,060	\$67	75
Supported Employment Services		H2023		Per one-way trip	33	23,354	\$519,319	\$15,737	\$22	708
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	7	6,720	\$91,379	\$13,054	\$14	960
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	11	112	\$2,043	\$186	\$18	10
Family Training - EBP		S5110		Encounter	4	4	\$328	\$82	\$82	1
Family Training		S5111		Days	38	139	\$24,546	\$646	\$177	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	1	1	\$188	\$188	\$188	1
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	2	4	\$9,414	\$4,707	\$2,354	2
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Muskegon	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	125	339	\$44,555	\$356	\$131	3
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	1	238	\$8,937	\$8,937	\$38	238
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	1	1,331	\$41,846	\$41,846	\$31	1,331
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	1	1	\$64	\$64	\$64	1
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	204	65,495	\$2,070,330	\$10,149	\$32	321
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	1	1,035	\$37,996	\$37,996	\$37	1,035
Private Duty Nursing		T1000	TE	Encounter	1	2,169	\$69,112	\$69,112	\$32	2,169
Assessment		T1001		Encounter	34	35	\$10,270	\$302	\$293	1
Health Services		T1002		15 Minutes	484	2,880	\$362,662	\$749	\$126	6
Respite Care		T1005		Encounter	214	201,042	\$429,658	\$2,008	\$2	939
Respite Care		T1005	TD	Encounter	1	432	\$3,996	\$3,996	\$9	432
Respite Care		T1005	TE	15 minutes	3	1,148	\$9,023	\$3,008	\$8	383
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	13	21,299	\$72,519	\$5,578	\$3	1,638
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	985	36,037	\$3,015,813	\$3,062	\$84	37
Targeted Case Management		T1017		Per Diem	8	65	\$5,428	\$679	\$84	8
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	32	8,040	\$234,504	\$7,328	\$29	251
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	84	21,058	\$1,160,791	\$13,819	\$55	251
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	131	35,748	\$4,178,702	\$31,898	\$117	273
Assessments		T1023		15 Minutes	24	61	\$19,758	\$823	\$324	3
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	8	142	\$980	\$122	\$7	18
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	160	54,354	\$487,678	\$3,048	\$9	340
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	16	16,462	\$121,730	\$7,608	\$7	1,029
Targeted Case Management (Children's Waiver)		T2023		Per Mile	7	19	\$4,685	\$669	\$247	3
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	41	396	\$57,189	\$1,395	\$144	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	13	25	\$1	\$0	\$0	2
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	22	22	\$17,570	\$799	\$799	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	5	0	\$1,051	\$210	\$0	0
Aggregate for 'J' Codes		ALL		Service	13	0	\$17,614	\$1,355	\$0	0
<b>Total Population and Cost</b>					<b>4,259</b>		<b>\$31,765,066</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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		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			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	150	151	\$33,731	\$225	\$223	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	104	675	\$33,131	\$319	\$49	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	267	1,552	\$104,961	\$393	\$68	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	16	39	\$4,129	\$258	\$106	2
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	1	\$86	\$86	\$86	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	2	3	\$171	\$86	\$57	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	104	975	\$25,045	\$241	\$26	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	1	1	\$193	\$193	\$193	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	4	4	\$1,433	\$358	\$358	1
Speech & Language Therapy		92507		Encounter 75-80 Min	16	108	\$17,599	\$1,100	\$163	7
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	10	10	\$1,143	\$114	\$114	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	2	2	\$312	\$156	\$156	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	14	66	\$6,149	\$439	\$93	5
Assessment for Autism		96101	U5	Encounter 75-80 Min	22	142	\$12,909	\$587	\$91	6
Psychological Testing by Technician		96102		Encounter 75-80 Min	19	68	\$8,105	\$427	\$119	4
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	47	137	\$20,090	\$427	\$147	3
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	37	93	\$5,234	\$141	\$56	3
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	7	37	\$774	\$111	\$21	5
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	31	31	\$8,700	\$281	\$281	1
Occupational Therapy		97004		Encounter	17	17	\$2,648	\$156	\$156	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	36	149	\$4,289	\$119	\$29	4
Assessment or Health Services		97803		First Hour	71	191	\$5,312	\$75	\$28	3
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	2	2	\$169	\$85	\$85	1
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	1	1	\$200	\$200	\$200	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	4	4	\$1,046	\$262	\$262	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	3	3	\$939	\$313	\$313	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	5	9	\$449	\$90	\$50	2
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	272	404	\$32,237	\$119	\$80	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	532	775	\$90,863	\$171	\$117	1
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	726	1,316	\$169,713	\$234	\$129	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	117	168	\$35,201	\$301	\$210	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	1	1	\$2,341	\$2,341	\$2,341	1
Activity Therapy (Children's Waiver)		G0176		Encounter	9	175	\$14,998	\$1,666	\$86	19
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	395	432	\$201,849	\$511	\$467	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	456	1,083	\$306,408	\$672	\$283	2
Assessment for Autism		H0031	U5	Encounter	67	80	\$27,559	\$411	\$344	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	155	199	\$29,296	\$189	\$147	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	382	698	\$81,003	\$212	\$116	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	192	23,265	\$3,617,734	\$18,842	\$156	121
Respite		H0045		Encounter	256	2,357	\$338,527	\$1,322	\$144	9
Peer Directed and Operated Support Services		H0046		Encounter	5	25	\$468	\$94	\$19	5
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	153	226	\$133,180	\$870	\$589	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	154	263	\$68,914	\$447	\$262	2
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Network180										
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	798	1,269,765	\$3,793,605	\$4,754	\$3	1,591
Community Living Supports (15 Minutes)		H2015		Encounter	2,081	2,053,455	\$7,992,634	\$3,841	\$4	987
Community Living Supports (Daily)		H2016		Encounter	485	80,399	\$2,908,512	\$5,997	\$36	166
Community Living Supports (Daily)		H2016	TF	15 Minutes	20	2,819	\$160,140	\$8,007	\$57	141
Community Living Supports (Daily)		H2016	TG	Per mile	735	124,797	\$21,184,101	\$28,822	\$170	170
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	30	8,883	\$142,730	\$4,758	\$16	296
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	70	45,384	\$545,195	\$7,789	\$12	648
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	196	16,123	\$155,591	\$794	\$10	82
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	1	80	\$207	\$207	\$3	80
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	2	2	\$55	\$28	\$28	1
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	53	155	\$11,651	\$220	\$75	3
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	4	5	\$1,552	\$388	\$310	1
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	4	40	\$4,649	\$1,162	\$116	10
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	3	4	\$46,082	\$15,361	\$11,521	1

CMHSP Cost Data by Service Category

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	2	\$200	\$100	\$100	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	3	3	\$338	\$113	\$113	1
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	13	61,370	\$469,767	\$36,136	\$8	4,721
Private Duty Nursing		T1000	TE	Encounter	12	52,850	\$348,522	\$29,044	\$7	4,404
Assessment		T1001		Encounter	227	252	\$52,081	\$229	\$207	1
Health Services		T1002		15 Minutes	348	1,476	\$60,958	\$175	\$41	4
Respite Care		T1005		Encounter	366	154,352	\$760,632	\$2,078	\$5	422
Respite Care		T1005	TD	Encounter	3	2,129	\$17,032	\$5,677	\$8	710
Respite Care		T1005	TE	15 minutes	4	6,080	\$42,736	\$10,684	\$7	1,520
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	124	22,776	\$57,122	\$461	\$3	184
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	4,437	92,530	\$5,540,862	\$1,249	\$60	21
Targeted Case Management		T1017		Per Diem	98	5,878	\$265,347	\$2,708	\$45	60
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	58	1,459	\$77,149	\$1,330	\$53	25
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	781	128,165	\$2,318,677	\$2,969	\$18	164
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	415	68,424	\$3,025,141	\$7,289	\$44	165
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	68	9,164	\$842,485	\$12,389	\$92	135
Assessments		T1023		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	2	233	\$3,666	\$1,833	\$16	117
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	23	254	\$82,550	\$3,589	\$325	11
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	348	1,920	\$206,743	\$594	\$108	6
Enhanced Medical Equipment-Supplies		T2028		Encounter	4	9	\$903	\$226	\$100	2
Enhanced Medical Equipment-Supplies		T2029		Encounter	3	5	\$3,818	\$1,273	\$764	2
Crisis Intervention		T2034		Encounter	2	9	\$5,400	\$2,700	\$600	5
Respite Care		T2036		Encounter	26	156	\$12,407	\$477	\$80	6
Respite Care		T2037		Days	18	112	\$8,855	\$492	\$79	6
Housing Assistance		T2038		Days	8	8	\$5,628	\$704	\$704	1
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>2,511</b>		<b>\$56,604,961</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Newaygo

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	52	\$15,440	\$15,440	\$297	52
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	41	\$20,609	\$6,870	\$503	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	38	\$18,184	\$6,061	\$479	13
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			14	14	\$12,149	\$868	\$868	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	71	345	\$94,552	\$1,332	\$274	5
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	27	134	\$16,444	\$609	\$123	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	20	45	\$6,731	\$337	\$150	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	15	82	\$17,846	\$1,190	\$218	5
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	2	\$346	\$173	\$173	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	21	63	\$15,264	\$727	\$242	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	5	12	\$3,780	\$756	\$315	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	12	41	\$13,287	\$1,107	\$324	3
Assessment for Autism		96101	U5	Encounter 75-80 Min	5	5	\$1,568	\$314	\$314	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	1	22	\$1,893	\$1,893	\$86	22
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	5	15	\$751	\$150	\$50	3
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	4	7	\$458	\$115	\$65	2
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$206	\$206	\$206	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	29	29	\$4,494	\$155	\$155	1
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	23	29	\$10,658	\$463	\$368	1
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	8	9	\$3,183	\$398	\$354	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	5	6	\$532	\$106	\$89	1
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	85	147	\$32,936	\$387	\$224	2
Assessment for Autism		H0031	U5	Encounter	19	45	\$41,885	\$2,204	\$931	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	73	94	\$18,287	\$251	\$195	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	16	98	\$20,161	\$1,260	\$206	6
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	2	10	\$1,403	\$702	\$140	5
Home Based Services		H0036		Encounter	18	963	\$88,862	\$4,937	\$92	54
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	8	637	\$7,208	\$901	\$11	80
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	18	\$2,050	\$2,050	\$114	18
Community Living Supports in Independent living/own home		H0043		Encounter	5	1,104	\$112,372	\$22,474	\$102	221
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	14	44	\$13,388	\$956	\$304	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	7	23	\$3,762	\$537	\$164	3
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	5	92	\$5,475	\$1,095	\$60	18

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	19	20,188	\$70,901	\$3,732	\$4	1,063
Community Living Supports (15 Minutes)		H2015		Encounter	38	126,229	\$480,042	\$12,633	\$4	3,322
Community Living Supports (Daily)		H2016		Encounter	4	1,450	\$45,533	\$11,383	\$31	363
Community Living Supports (Daily)		H2016	TF	15 Minutes	10	3,037	\$187,432	\$18,743	\$62	304
Community Living Supports (Daily)		H2016	TG	Per mile	28	9,620	\$1,201,812	\$42,922	\$125	344
Behavior Services		H2019		Per mile	2	32	\$1,845	\$922	\$58	16
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	8	3,548	\$42,612	\$5,326	\$12	444
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	4	1,838	\$22,074	\$5,519	\$12	460
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	5	199	\$22,305	\$4,461	\$112	40
Supported Employment Services		H2023		Per one-way trip	5	4,152	\$69,173	\$13,835	\$17	830
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	1	4	\$1,316	\$1,316	\$329	4
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	16	550	\$72,615	\$4,538	\$132	34
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	36	158	\$39,174	\$1,088	\$248	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	8	74	\$9,550	\$1,194	\$129	9
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		15 Minutes	76	380	\$40,163	\$528	\$106	5
Respite Care		T1005		Encounter	30	14,906	\$41,720	\$1,391	\$3	497
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	2	6,380	\$27,468	\$13,734	\$4	3,190
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	24	408	\$55,433	\$2,310	\$136	17
Targeted Case Management		T1017		Per Diem	151	3,206	\$332,790	\$2,204	\$104	21
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	27	8,671	\$134,638	\$4,987	\$16	321
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	2	730	\$39,112	\$19,556	\$54	365
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	13	4,706	\$430,927	\$33,148	\$92	362
Assessments		T1023		15 Minutes	3	4	\$1,913	\$638	\$478	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	2	17	\$2,614	\$1,307	\$154	9
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	36	371	\$31,375	\$872	\$85	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>209</b>		<b>\$4,010,698</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	56	\$24,796	\$6,199	\$443	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	48	544	\$284,118	\$5,919	\$522	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	12	\$7,662	\$7,662	\$639	12
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			1	1	\$218	\$218	\$218	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	31	32	\$15,126	\$488	\$473	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	16	68	\$5,817	\$364	\$86	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	36	217	\$31,095	\$864	\$143	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	28	111	\$16,456	\$588	\$148	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	6	26	\$4,431	\$739	\$170	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	11	40	\$5,945	\$540	\$149	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	1	1	\$263	\$263	\$263	1
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	4	6	\$1,364	\$341	\$227	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	2	9	\$800	\$400	\$89	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	1	1	\$193	\$193	\$193	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	3	3	\$567	\$189	\$189	1
Speech & Language Therapy		92507		Encounter 75-80 Min	3	5	\$308	\$103	\$62	2
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	5	8	\$1,092	\$218	\$137	2
Speech & Language Therapy		92610		Encounter 75-80 Min	10	10	\$1,815	\$182	\$182	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	52	367	\$67,040	\$1,289	\$183	7
Assessment for Autism		96101	U5	Encounter 75-80 Min	2	16	\$3,712	\$1,856	\$232	8
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	1	4	\$415	\$415	\$104	4
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	2	2	\$429	\$215	\$215	1
Occupational Therapy		97003		Encounter	47	49	\$19,983	\$425	\$408	1
Occupational Therapy		97004		Encounter	7	16	\$2,834	\$405	\$177	2
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	6	40	\$1,180	\$197	\$30	7
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	2	10	\$704	\$352	\$70	5
Occupational or Physical Therapy		97535		Encounter	28	141	\$10,531	\$376	\$75	5
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	12	39	\$2,219	\$185	\$57	3
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	20	71	\$9,551	\$478	\$135	4
Assessment or Health Services		97803		First Hour	30	92	\$10,715	\$357	\$116	3
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	3	5	\$620	\$207	\$124	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	6	12	\$1,967	\$328	\$164	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	209	756	\$137,596	\$658	\$182	4
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	25	33	\$5,930	\$237	\$180	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	2	10	\$1,453	\$727	\$145	5
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	1	14	\$1,044	\$1,044	\$75	14
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	30	44	\$22,611	\$754	\$514	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$395	\$198	\$198	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	4	14	\$7,222	\$1,806	\$516	4
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	163	175	\$62,107	\$381	\$355	1
Assessment for Autism		H0031	U5	Encounter	13	62	\$22,046	\$1,696	\$356	5
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	31	31	\$21,581	\$696	\$696	1
Treatment Planning		H0032		Encounter	276	362	\$86,913	\$315	\$240	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	173	416	\$97,830	\$565	\$235	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	196	427	\$39,562	\$202	\$93	2
Home Based Services		H0036		Encounter	3	268	\$22,822	\$7,607	\$85	89
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	51	14,054	\$2,344,785	\$45,976	\$167	276
Respite		H0045		Encounter	1	10	\$1,416	\$1,416	\$142	10
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	37	126	\$23,117	\$625	\$183	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	13	60	\$3,714	\$286	\$62	5

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
North Country										
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	235	463,663	\$2,100,165	\$8,937	\$5	1,973
Community Living Supports (15 Minutes)		H2015		Encounter	351	1,173,280	\$5,152,278	\$14,679	\$4	3,343
Community Living Supports (Daily)		H2016		Encounter	10	3,167	\$104,196	\$10,420	\$33	317
Community Living Supports (Daily)		H2016	TF	15 Minutes	19	5,134	\$289,522	\$15,238	\$56	270
Community Living Supports (Daily)		H2016	TG	Per mile	160	48,405	\$8,427,364	\$52,671	\$174	303
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	7	2,341	\$46,213	\$6,602	\$20	334
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	8	4,412	\$84,910	\$10,614	\$19	552
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	143	69,101	\$539,465	\$3,772	\$8	483
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	5	6,610	\$43,584	\$8,717	\$7	1,322
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	77	109	\$18,943	\$246	\$174	1
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	11	1,201	\$35,673	\$3,243	\$30	109
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	25	122	\$49,352	\$1,974	\$405	5
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	1	102	\$64	\$64	\$1	102
Respite		S5151		Encounter	31	407	\$20,058	\$647	\$49	13
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	4	36	\$1,165	\$291	\$32	9
Environmental Modification		S5165		Face to Face Contact	1	1	\$263	\$263	\$263	1



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

North Country Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	1	2,481	\$122,883	\$122,883	\$50	2,481
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	10	10	\$3,176	\$318	\$318	1
Health Services		S9446		15 minutes	39	345	\$27,686	\$710	\$80	9
Health Services		S9470		15 Minutes	11	21	\$2,775	\$252	\$132	2
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	4	14	\$707	\$177	\$51	4
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	24	26	\$8,840	\$368	\$340	1
Health Services		T1002		15 Minutes	283	1,341	\$127,547	\$451	\$95	5
Respite Care		T1005		Encounter	47	35,320	\$77,847	\$1,656	\$2	751
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	648	14,027	\$1,574,762	\$2,430	\$112	22
Targeted Case Management		T1017		Per Diem	223	4,720	\$401,773	\$1,802	\$85	21
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	5	58	\$6,780	\$1,356	\$117	12
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	128	31,766	\$393,646	\$3,075	\$12	248
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	63	13,483	\$666,172	\$10,574	\$49	214
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	55	11,093	\$977,404	\$17,771	\$88	202
Assessments		T1023		15 Minutes	8	10	\$4,295	\$537	\$430	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	11	72	\$7,415	\$674	\$103	7
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	2	962	\$21,836	\$10,918	\$23	481
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	69	667	\$90,114	\$1,306	\$135	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	2	9	\$5,400	\$2,700	\$600	5
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	1	0	\$94	\$94	\$0	0
<b>Total Population and Cost</b>					<b>801</b>		<b>\$24,870,477</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northwest 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	1	36	\$24,527	\$24,527	\$681	36
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	24	\$9,864	\$1,644	\$411	4
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			2	2	\$913	\$457	\$457	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	41	41	\$21,943	\$535	\$535	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	9	29	\$3,262	\$362	\$112	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	17	72	\$12,635	\$743	\$175	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	1	\$112	\$112	\$112	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	33	93	\$40,468	\$1,226	\$435	3
Assessment for Autism		96101	U5	Encounter 75-80 Min	7	42	\$21,522	\$3,075	\$512	6
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	2	17	\$2,187	\$1,094	\$129	9
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	46	52	\$19,020	\$413	\$366	1
Occupational Therapy		97004		Encounter	1	1	\$135	\$135	\$135	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	10	38	\$2,449	\$245	\$64	4
Assessment or Health Services		97803		First Hour	46	561	\$42,465	\$923	\$76	12
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	3	3	\$1,445	\$482	\$482	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	4	4	\$2,569	\$642	\$642	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	4	9	\$1,499	\$375	\$167	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	104	289	\$76,957	\$740	\$266	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	19	25	\$10,079	\$530	\$403	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	7	7	\$1,000	\$143	\$143	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	5	\$176	\$176	\$35	5
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	27	28	\$9,469	\$351	\$338	1
Assessment for Autism		H0031	U5	Encounter	3	4	\$2,050	\$683	\$512	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	127	193	\$70,132	\$552	\$363	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	5	6	\$905	\$181	\$151	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	5	10	\$619	\$124	\$62	2
Home Based Services		H0036		Encounter	1	80	\$3,054	\$3,054	\$38	80
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	3	52	\$3,429	\$1,143	\$66	17
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	56	642	\$167,269	\$2,987	\$261	11
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	12	53	\$3,528	\$294	\$67	4

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	26	1,872	\$50,730	\$1,951	\$27	72
Community Living Supports (15 Minutes)		H2015		Encounter	283	768,794	\$5,164,442	\$18,249	\$7	2,717
Community Living Supports (Daily)		H2016		Encounter	12	3,285	\$92,964	\$7,747	\$28	274
Community Living Supports (Daily)		H2016	TF	15 Minutes	49	13,514	\$768,561	\$15,685	\$57	276
Community Living Supports (Daily)		H2016	TG	Per mile	83	25,532	\$3,322,212	\$40,027	\$130	308
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	7	2,936	\$75,979	\$10,854	\$26	419
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	8	6,967	\$176,475	\$22,059	\$25	871
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	1	192	\$18,242	\$18,242	\$95	192
Supported Employment Services		H2023		Per one-way trip	149	131,039	\$1,548,999	\$10,396	\$12	879
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	3	1,534	\$15,403	\$5,134	\$10	511
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	48	102	\$22,106	\$461	\$217	2
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	9	546	\$62,070	\$6,897	\$114	61
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	4	18	\$8,452	\$2,113	\$470	5
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	7	7	\$679	\$97	\$97	1
Personal Emergency Response System (PERS)		S5161		Encounter	33	298	\$523,692	\$15,869	\$1,757	9
Environmental Modification		S5165		Face to Face Contact	2	2	\$5,880	\$2,940	\$2,940	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	1	3	\$710	\$710	\$237	3
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	111	117	\$31,719	\$286	\$271	1
Health Services		T1002		15 Minutes	123	1,302	\$127,502	\$1,037	\$98	11
Respite Care		T1005		Encounter	64	78,747	\$134,339	\$2,099	\$2	1,230
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	385	7,596	\$1,148,191	\$2,982	\$151	20
Targeted Case Management		T1017		Per Diem	1	57	\$3,725	\$3,725	\$65	57
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	1	4	\$414	\$414	\$103	4
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	67	21,880	\$222,965	\$3,328	\$10	327
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	7	1,442	\$78,426	\$11,204	\$54	206
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	60	18,885	\$2,661,084	\$44,351	\$141	315
Assessments		T1023		15 Minutes	6	8	\$1,516	\$253	\$190	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	124	2,024	\$61,728	\$498	\$30	16
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	79	775	\$121,181	\$1,534	\$156	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	1	2	\$603	\$603	\$302	2
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	2	0	\$596	\$298	\$0	0
Aggregate for 'J' Codes		ALL		Service	1	0	\$52	\$52	\$0	0
<b>Total Population and Cost</b>					<b>408</b>		<b>\$17,007,321</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	506	\$167,096	\$33,419	\$330	101
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	47	\$11,200	\$2,800	\$238	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	12	148	\$103,032	\$8,586	\$696	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northern Lakes

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			5	6	\$1,951	\$390	\$325	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	76	78	\$29,913	\$394	\$384	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	14	83	\$6,237	\$446	\$75	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	30	185	\$21,089	\$703	\$114	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	19	122	\$34,766	\$1,830	\$285	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	4	35	\$3,155	\$789	\$90	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	56	368	\$50,824	\$908	\$138	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	5	32	\$2,555	\$511	\$80	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	640	692	\$151,026	\$236	\$218	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	7	72	\$6,049	\$864	\$84	10
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	47	146	\$21,463	\$457	\$147	3
Assessment for Autism		96101	U5	Encounter 75-80 Min	22	42	\$8,964	\$407	\$213	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	27	29	\$15,474	\$573	\$534	1
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	12	81	\$8,702	\$725	\$107	7
Physical Therapy		97001		First 30-74 Min.	33	33	\$9,232	\$280	\$280	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	41	41	\$13,601	\$332	\$332	1
Occupational Therapy		97004		Encounter	4	4	\$271	\$68	\$68	1
Occupational or Physical Therapy		97110		Encounter	3	152	\$3,507	\$1,169	\$23	51
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northern Lakes										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	6	309	\$7,374	\$1,229	\$24	52
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	1	2	\$90	\$90	\$45	2
Assessment or Health Services		97803		First Hour	1	1	\$99	\$99	\$99	1
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	1	1	\$164	\$164	\$164	1
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	1	3	\$475	\$475	\$158	3
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	260	500	\$79,008	\$304	\$158	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	108	154	\$24,318	\$225	\$158	1
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	142	250	\$36,332	\$256	\$145	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	3	4	\$619	\$206	\$155	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	4	26	\$13,671	\$3,418	\$526	7
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	13	13	\$1,573	\$121	\$121	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	5	22	\$7,619	\$1,524	\$346	4
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	158	204	\$57,702	\$365	\$283	1
Assessment for Autism		H0031	U5	Encounter	36	102	\$41,866	\$1,163	\$410	3
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	97	135	\$45,697	\$471	\$338	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	8	689	\$41,288	\$5,161	\$60	86
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	5	189	\$2,565	\$513	\$14	38
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$188,401	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	2	340	\$26,812	\$13,406	\$79	170
Community Living Supports in Independent living/own home		H0043		Encounter	8	2,078	\$664,027	\$83,003	\$320	260
Respite		H0045		Encounter	1	14	\$691	\$691	\$49	14
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	102	243	\$54,901	\$538	\$226	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	114	390	\$49,601	\$435	\$127	3
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	50	320	\$34,191	\$684	\$107	6

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	337	632,651	\$2,251,167	\$6,680	\$4	1,877
Community Living Supports (15 Minutes)		H2015		Encounter	547	1,120,111	\$5,271,222	\$9,637	\$5	2,048
Community Living Supports (Daily)		H2016		Encounter	8	1,924	\$54,021	\$6,753	\$28	241
Community Living Supports (Daily)		H2016	TF	15 Minutes	45	13,938	\$794,115	\$17,647	\$57	310
Community Living Supports (Daily)		H2016	TG	Per mile	200	66,461	\$8,604,132	\$43,021	\$129	332
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	14	2,648	\$39,128	\$2,795	\$15	189
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	12	3,784	\$55,914	\$4,660	\$15	315
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	2	39	\$3,057	\$1,529	\$78	20
Supported Employment Services		H2023		Per one-way trip	81	64,414	\$329,536	\$4,068	\$5	795
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	16	25,310	\$128,794	\$8,050	\$5	1,582
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	153	251	\$23,558	\$154	\$94	2
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	23	446	\$32,951	\$1,433	\$74	19
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	8	43	\$7,585	\$948	\$176	5
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	3	63	\$11,748	\$3,916	\$186	21
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	1	1,072	\$33,866	\$33,866	\$32	1,072
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	1	904	\$22,562	\$22,562	\$25	904
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	2	25,540	\$222,289	\$111,145	\$9	12,770
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	69	75	\$19,146	\$277	\$255	1
Health Services		T1002		15 Minutes	228	842	\$39,424	\$173	\$47	4
Respite Care		T1005		Encounter	132	148,547	\$687,801	\$5,211	\$5	1,125
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	183	4,149	\$368,948	\$2,016	\$89	23
Targeted Case Management		T1017		Per Diem	703	11,200	\$760,830	\$1,082	\$68	16
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	1	3	\$353	\$353	\$118	3
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	101	31,118	\$948,457	\$9,391	\$30	308
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	73	22,026	\$1,235,738	\$16,928	\$56	302
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	84	29,185	\$3,440,567	\$40,959	\$118	347
Assessments		T1023		15 Minutes	39	70	\$33,246	\$852	\$475	2
Prevention Services - Direct Model		T1027		Days	2	29	\$1,172	\$586	\$40	15
Enhanced Medical Supplies or Pharmacy		T1999		Days	3	17	\$4,093	\$1,364	\$241	6
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	32	8,765	\$168,082	\$5,253	\$19	274
Targeted Case Management (Children's Waiver)		T2023		Per Mile	4	48	\$0	\$0	\$0	12
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	16	141	\$18,622	\$1,164	\$132	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	8	29	\$1,664	\$208	\$57	4
Respite Care		T2037		Days	6	35	\$2,507	\$418	\$72	6
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>987</b>		<b>\$27,665,486</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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		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	23	\$17,490	\$0	\$760	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northpointe										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	3	3	\$1,371	\$457	\$457	1
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			1	1	\$191	\$191	\$191	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	17	17	\$10,821	\$637	\$637	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	15	50	\$4,621	\$308	\$92	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	3	3	\$277	\$92	\$92	1
Mental Health: Outpatient Care		90834		Encounter	17	64	\$8,460	\$498	\$132	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	18	127	\$20,598	\$1,144	\$162	7
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	4	20	\$3,095	\$774	\$155	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	5	21	\$3,667	\$733	\$175	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	10	83	\$18,809	\$1,881	\$227	8
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northpointe										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	17	87	\$36,607	\$2,153	\$421	5
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	8	9	\$5,059	\$632	\$562	1
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	1	1	\$493	\$493	\$493	1
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	14	145	\$9,754	\$697	\$67	10
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	87	94	\$23,777	\$273	\$253	1
Occupational Therapy		97004		Encounter	3	3	\$795	\$265	\$265	1
Occupational or Physical Therapy		97110		Encounter	13	80	\$3,840	\$295	\$48	6
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	1	1	\$132	\$132	\$132	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northpointe										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	1	14	\$1,390	\$1,390	\$99	14
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	1	2	\$307	\$307	\$154	2
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	4	10	\$1,059	\$265	\$106	3
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	3	8	\$1,139	\$380	\$142	3
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	31	194	\$9,132	\$295	\$47	6
Assessment or Health Services		97803		First Hour	34	218	\$10,260	\$302	\$47	6
Health Services		97804		Each Additional 15 Minutes	1	1	\$94	\$94	\$94	1
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	8	8	\$4,224	\$528	\$528	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	15	19	\$2,102	\$140	\$111	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	102	286	\$40,168	\$394	\$140	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	84	291	\$57,963	\$690	\$199	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	13	15	\$4,980	\$383	\$332	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	9	22	\$2,898	\$322	\$132	2
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	37	120	\$27,293	\$738	\$227	3
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	6	7	\$1,864	\$311	\$266	1
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	16	20	\$2,655	\$166	\$133	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	6	6	\$1,630	\$272	\$272	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northpointe										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	2	\$116	\$116	\$58	2
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	47	52	\$10,998	\$234	\$212	1
Assessment for Autism		H0031	U5	Encounter	1	1	\$244	\$244	\$244	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	133	202	\$25,575	\$192	\$127	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	115	731	\$155,389	\$1,351	\$213	6
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	1	1	\$118	\$118	\$118	1
Home Based Services		H0036		Encounter	8	702	\$26,311	\$3,289	\$37	88
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	22	1,944	\$19,226	\$874	\$10	88
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	7	1,928	\$201,977	\$28,854	\$105	275
Respite		H0045		Encounter	27	689	\$99,574	\$3,688	\$145	26
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	6	23	\$794	\$132	\$35	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	30	351	\$40,783	\$1,359	\$116	12
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	19	139	\$8,132	\$428	\$59	7

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Northpointe										
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	193	403,492	\$1,758,656	\$9,112	\$4	2,091
Community Living Supports (15 Minutes)		H2015		Encounter	48	31,188	\$321,548	\$6,699	\$10	650
Community Living Supports (Daily)		H2016		Encounter	10	1,681	\$48,850	\$4,885	\$29	168
Community Living Supports (Daily)		H2016	TF	15 Minutes	18	4,986	\$272,136	\$15,119	\$55	277
Community Living Supports (Daily)		H2016	TG	Per mile	63	21,072	\$3,630,073	\$57,620	\$172	334
Behavior Services		H2019		Per mile	1	2	\$97	\$97	\$48	2
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	1	70	\$4,691	\$4,691	\$67	70
Supported Employment Services		H2023		Per one-way trip	48	92,096	\$0	\$0	\$0	1,919
Mental Health Therapy		H2027			0	0	\$349,922	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	65	796	\$47,091	\$724	\$59	12
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	3	5	\$2,847	\$949	\$569	2
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	5	110	\$25,139	\$5,028	\$229	22
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	2	2	\$362	\$181	\$181	1

CMHSP Cost Data by Service Category

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northpointe										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	10	10	\$2,166	\$217	\$217	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	1	1	\$316	\$316	\$316	1
Health Services		S9446		15 minutes	22	476	\$226,157	\$10,280	\$475	22
Health Services		S9470		15 Minutes	1	2	\$282	\$282	\$141	2
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	7	7	\$862	\$123	\$123	1
Health Services		T1002		15 Minutes	104	531	\$23,427	\$225	\$44	5
Respite Care		T1005		Encounter	48	45,116	\$143,920	\$2,998	\$3	940
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	360	12,135	\$567,190	\$1,576	\$47	34
Targeted Case Management		T1017		Per Diem	18	490	\$20,982	\$1,166	\$43	27
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	2	13	\$560	\$280	\$43	7
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	64	20,396	\$243,191	\$3,800	\$12	319
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	19	5,003	\$229,237	\$12,065	\$46	263
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	8	2,340	\$203,517	\$25,440	\$87	293
Assessments		T1023		15 Minutes	4	5	\$3,138	\$785	\$628	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	50	558	\$16,969	\$339	\$30	11
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Northpointe										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	1	4	\$80	\$80	\$20	4
Fiscal Intermediary Services		T2025		15 Minutes	40	396	\$33,890	\$847	\$86	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	16	19	\$4,078	\$255	\$215	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	7	9	\$1,094	\$156	\$122	1
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	13	142	\$15,480	\$1,191	\$109	11
Respite Care		T2037		Days	2	12	\$1,494	\$747	\$125	6
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	4	0	\$39,671	\$9,918	\$0	0
<b>Total Population and Cost</b>					<b>384</b>		<b>\$9,167,367</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	7	297	\$79,299	\$11,328	\$267	42
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	26	247	\$108,565	\$4,176	\$440	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4	89	\$1,374	\$344	\$15	22
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	7	60	\$13,629	\$1,947	\$227	9
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Oakland**

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	162	188	\$718	\$4	\$4	1
Assessment		90791			185	188	\$33,308	\$180	\$177	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	55	57	\$20,155	\$366	\$354	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	22	166	\$27,763	\$1,262	\$167	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	225	2,330	\$230,239	\$1,023	\$99	10
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	115	1,007	\$112,410	\$977	\$112	9
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	4	14	\$3,765	\$941	\$269	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	59	543	\$53,692	\$910	\$99	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	27	247	\$4,335	\$161	\$18	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	3	17	\$1,539	\$513	\$91	6
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	6	6	\$2,937	\$490	\$490	1
Speech & Language Therapy		92507		Encounter 75-80 Min	4	37	\$3,854	\$964	\$104	9
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	97	100	\$50,416	\$520	\$504	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	3	5	\$442	\$147	\$88	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	17	61	\$6,080	\$358	\$100	4
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	83	89	\$19,468	\$235	\$219	1
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	1	6	\$1,266	\$1,266	\$211	6
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	3	11	\$454	\$151	\$41	4
Physical Therapy		97001		First 30-74 Min.	2	2	\$347	\$174	\$174	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	219	225	\$122,004	\$557	\$542	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	4	383	\$9,254	\$2,314	\$24	96
Occupational or Physical Therapy		97112		Encounter	1	28	\$1,412	\$1,412	\$50	28
Occupational or Physical Therapy		97113		Encounter	2	219	\$3,665	\$1,833	\$17	110
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	4	127	\$4,449	\$1,112	\$35	32
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	1	123	\$3,047	\$3,047	\$25	123
Occupational or Physical Therapy		97535		Encounter	1	1	\$109	\$109	\$109	1
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	19	128	\$13,978	\$736	\$109	7
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	7	30	\$3,276	\$468	\$109	4
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	2	6	\$459	\$230	\$77	3
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	19	31	\$3,580	\$188	\$115	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	128	323	\$30,630	\$239	\$95	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	76	237	\$48,153	\$634	\$203	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	3	6	\$706	\$235	\$118	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Oakland**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	11	12	\$4,759	\$433	\$397	1
Activity Therapy (Children's Waiver)		G0176		Encounter	47	2,001	\$144,767	\$3,080	\$72	43
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	7	7	\$286	\$41	\$41	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Oakland

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	966	1,328	\$552,985	\$572	\$416	1
Assessment for Autism		H0031	U5	Encounter	36	51	\$22,179	\$616	\$435	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	230	231	\$46,780	\$203	\$203	1
Treatment Planning		H0032		Encounter	2,185	4,411	\$967,078	\$443	\$219	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	902	3,667	\$861,520	\$955	\$235	4
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	8	26	\$2,759	\$345	\$106	3
Home Based Services		H0036		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	2	178	\$10,549	\$5,275	\$59	89
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	58	\$5,059	\$5,059	\$87	58
Community Living Supports in Independent living/own home		H0043		Encounter	545	165,688	\$30,901,821	\$56,701	\$187	304
Respite		H0045		Encounter	631	7,100	\$1,287,030	\$2,040	\$181	11
Peer Directed and Operated Support Services		H0046		Encounter	9	40	\$3,377	\$375	\$84	4
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	33	81	\$26,893	\$815	\$332	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	35	127	\$14,947	\$427	\$118	4
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	14	85	\$8,429	\$602	\$99	6

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Oakland

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	1,387	4,599,630	\$18,286,693	\$13,184	\$4	3,316
Community Living Supports (15 Minutes)		H2015		Encounter	1,943	4,594,621	\$20,225,260	\$10,409	\$4	2,365
Community Living Supports (Daily)		H2016		Encounter	441	133,671	\$4,855,786	\$11,011	\$36	303
Community Living Supports (Daily)		H2016	TF	15 Minutes	323	80,390	\$5,073,308	\$15,707	\$63	249
Community Living Supports (Daily)		H2016	TG	Per mile	458	124,561	\$12,649,905	\$27,620	\$102	272
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	29	22,933	\$555,296	\$19,148	\$24	791
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	1	16	\$82	\$82	\$5	16
Crisis Intervention		H2020		Per one-way trip	1	50	\$34,274	\$34,274	\$685	50
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	476	987,157	\$6,080,457	\$12,774	\$6	2,074
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	4	5,258	\$22,352	\$5,588	\$4	1,315
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	681	2,384	\$310,241	\$456	\$130	4
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	23	290	\$22,825	\$992	\$79	13
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	272	931	\$168,397	\$619	\$181	3
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	56	136	\$18,483	\$330	\$136	2
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	179	88,584	\$156,282	\$873	\$2	495
Respite		S5151		Encounter	716	7,199	\$870,298	\$1,216	\$121	10
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	\$138	\$138	\$138	1
Personal Emergency Response System (PERS)		S5161		Encounter	3	17	\$1,084	\$361	\$64	6
Environmental Modification		S5165		Face to Face Contact	2	2	\$2,129	\$1,065	\$1,065	1



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

**Oakland**

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	354	698	\$289,316	\$817	\$414	2
Occupational or Physical Therapy		S8990		Encounter	194	324	\$112,006	\$577	\$346	2
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	7	18	\$2,282	\$326	\$127	3
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	386	547	\$125,177	\$324	\$229	1
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	6	48,551	\$373,930	\$62,322	\$8	8,092
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	441	476	\$291,745	\$662	\$613	1
Health Services		T1002		15 Minutes	422	1,459	\$150,534	\$357	\$103	3
Respite Care		T1005		Encounter	1,354	1,459,997	\$4,632,401	\$3,421	\$3	1,078
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	4,214	175,995	\$12,017,637	\$2,852	\$68	42
Targeted Case Management		T1017		Per Diem	8	621	\$50,969	\$6,371	\$82	78
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	458	124,476	\$4,116,567	\$8,988	\$33	272
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	324	80,475	\$6,433,982	\$19,858	\$80	248
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	441	133,671	\$15,719,977	\$35,646	\$118	303
Assessments		T1023		15 Minutes	4	6	\$4,433	\$1,108	\$739	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	272	2,425	\$195,615	\$719	\$81	9
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	279	250,025	\$3,848,135	\$13,793	\$15	896
Targeted Case Management (Children's Waiver)		T2023		Per Mile	71	701	\$177,994	\$2,507	\$254	10
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	2,668	28,959	\$1,503,320	\$563	\$52	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	5	30	\$19,159	\$3,832	\$639	6
Respite Care		T2036		Encounter	29	234	\$25,751	\$888	\$110	8
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	39	163	\$165,173	\$4,235	\$1,013	4
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	6	6	\$16,043	\$2,674	\$2,674	1
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	643	0	\$67,910	\$106	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>4,822</b>		<b>\$155,555,341</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa

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	200	\$82,592	\$27,531	\$413	67
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	7	\$6,526	\$6,526	\$932	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4	30	\$17,712	\$4,428	\$590	8
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	77	119	\$4,315	\$56	\$36	2
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			3	4	\$3,549	\$1,183	\$887	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	16	16	\$13,689	\$856	\$856	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	1	1	\$52	\$52	\$52	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	3	20	\$2,072	\$691	\$104	7
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	2	23	\$3,710	\$1,855	\$161	12
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	2	18	\$2,425	\$1,212	\$135	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	21	21	\$9,920	\$472	\$472	1
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	21	21	\$9,921	\$472	\$472	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	12	12	\$4,086	\$341	\$341	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	1	11	\$5,205	\$5,205	\$473	11
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	1	3	\$506	\$506	\$169	3
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	1	2	\$221	\$221	\$110	2
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	65	80	\$3,605	\$55	\$45	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	123	134	\$102,933	\$837	\$768	1
Occupational Therapy		97004		Encounter	16	16	\$6,212	\$388	\$388	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	1	37	\$2,331	\$2,331	\$63	37
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	25	150	\$15,772	\$631	\$105	6
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	2	20	\$280	\$140	\$14	10
Assessment or Health Services		97803		First Hour	2	14	\$196	\$98	\$14	7
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	28	39	\$3,962	\$142	\$102	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	123	344	\$58,813	\$478	\$171	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	79	162	\$43,926	\$556	\$271	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	7	9	\$4,386	\$627	\$487	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa											
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0	
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0	
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0	
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0	
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0	
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0	
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0	
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0	
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0	
Transportation		A0100		35 Minutes	1	1	\$22	\$22	\$22	1	
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0	
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0	
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0	
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0	
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0	
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Transportation		A0425		Encounter	1	91	\$313	\$313	\$3	91	
Additional Codes-Transportation		A0427		Encounter	1	1	\$111	\$111	\$111	1	
Enhanced Medical Equipment-Supplies		E1399		Encounter	2	3	\$529	\$264	\$176	2	
Activity Therapy (Children's Waiver)		G0176		Encounter	3	104	\$5,779	\$1,926	\$56	35	
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0	
Assessment		H0002		Encounter	104	118	\$23,621	\$227	\$200	1	
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0	
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0	



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	2	9	\$3,563	\$1,781	\$396	5
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	191	241	\$128,677	\$674	\$534	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	3	3	\$1,125	\$375	\$375	1
Treatment Planning		H0032		Encounter	193	394	\$192,801	\$999	\$489	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	218	1,492	\$413,878	\$1,899	\$277	7
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	2	40	\$5,109	\$2,555	\$128	20
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	23	6,710	\$875,944	\$38,085	\$131	292
Respite		H0045		Encounter	85	811	\$72,258	\$850	\$89	10
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	22	64	\$31,242	\$1,420	\$488	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	24	188	\$71,670	\$2,986	\$381	8
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	4	9	\$1,795	\$449	\$199	2

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	309	1,250,495	\$3,266,574	\$10,571	\$3	4,047
Community Living Supports (15 Minutes)		H2015		Encounter	250	715,242	\$4,176,377	\$16,706	\$6	2,861
Community Living Supports (Daily)		H2016		Encounter	39	9,473	\$275,033	\$7,052	\$29	243
Community Living Supports (Daily)		H2016	TF	15 Minutes	33	10,046	\$318,409	\$9,649	\$32	304
Community Living Supports (Daily)		H2016	TG	Per mile	128	43,298	\$4,424,071	\$34,563	\$102	338
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	1	1,610	\$17,941	\$17,941	\$11	1,610
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	3	3,839	\$47,759	\$15,920	\$12	1,280
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	50	34,652	\$227,967	\$4,559	\$7	693
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	3	187	\$5,282	\$1,761	\$28	62
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	43	326	\$45,773	\$1,064	\$140	8
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	8	39	\$2,146	\$268	\$55	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	19	225	\$28,053	\$1,476	\$125	12
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	56	375	\$54,047	\$965	\$144	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	1	2,174	\$50,228	\$50,228	\$23	2,174
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	1	2,182	\$56,149	\$56,149	\$26	2,182
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	1	29	\$1,604	\$1,604	\$55	29
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	3	11	\$314	\$105	\$29	4
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	97	107	\$52,080	\$537	\$487	1
Health Services		T1002		15 Minutes	108	1,179	\$109,234	\$1,011	\$93	11
Respite Care		T1005		Encounter	163	95,985	\$338,804	\$2,079	\$4	589
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	1	1,655	\$10,368	\$10,368	\$6	1,655
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	14	11,265	\$33,471	\$2,391	\$3	805
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	544	14,538	\$2,059,569	\$3,786	\$142	27
Targeted Case Management		T1017		Per Diem	8	151	\$18,786	\$2,348	\$124	19
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	54	12,845	\$243,516	\$4,510	\$19	238
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	50	12,586	\$459,914	\$9,198	\$37	252
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	115	37,604	\$3,853,683	\$33,510	\$102	327
Assessments		T1023		15 Minutes	6	9	\$6,385	\$1,064	\$709	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	3	1	\$631	\$210	\$631	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	21	21,235	\$186,457	\$8,879	\$9	1,011
Targeted Case Management (Children's Waiver)		T2023		Per Mile	24	264	\$144,419	\$6,017	\$547	11
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	234	2,340	\$105,651	\$451	\$45	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>716</b>		<b>\$22,858,047</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	3	778	\$364,166	\$121,389	\$468	259
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	8	55	\$37,783	\$4,723	\$687	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			2	2	\$847	\$424	\$424	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	20	20	\$12,510	\$626	\$626	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	19	67	\$3,986	\$210	\$59	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	20	105	\$23,784	\$1,189	\$227	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	28	95	\$32,381	\$1,156	\$341	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	10	29	\$9,298	\$930	\$321	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	9	27	\$8,549	\$950	\$317	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	3	22	\$4,460	\$1,487	\$203	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	14	14	\$7,516	\$537	\$537	1
Speech & Language Therapy		92507		Encounter 75-80 Min	33	498	\$194,290	\$5,888	\$390	15
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	2	2	\$660	\$330	\$330	1
Speech & Language Therapy		92523		Encounter 45-50 Min	25	27	\$11,630	\$465	\$431	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	2	2	\$1,270	\$635	\$635	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	19	165	\$15,574	\$820	\$94	9
Assessment for Autism		96101	U5	Encounter 75-80 Min	5	16	\$337	\$67	\$21	3
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	7	107	\$16,953	\$2,422	\$158	15
Physical Therapy		97001		First 30-74 Min.	15	16	\$4,649	\$310	\$291	1
Physical Therapy		97002		Each Additional 30 Minutes	1	3	\$1,117	\$1,117	\$372	3
Occupational Therapy		97003		Encounter	107	118	\$66,887	\$625	\$567	1
Occupational Therapy		97004		Encounter	4	4	\$1,501	\$375	\$375	1
Occupational or Physical Therapy		97110		Encounter	3	43	\$1,492	\$497	\$35	14
Occupational or Physical Therapy		97112		Encounter	6	73	\$6,820	\$1,137	\$93	12
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	2	19	\$848	\$424	\$45	10

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	1	11	\$300	\$300	\$27	11
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	11	126	\$8,641	\$786	\$69	11
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	8	107	\$12,327	\$1,541	\$115	13
Occupational or Physical Therapy		97535		Encounter	8	73	\$5,790	\$724	\$79	9
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	14	67	\$8,308	\$593	\$124	5
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	1	1	\$329	\$329	\$329	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	23	23	\$13,004	\$565	\$565	1
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	5	5	\$475	\$95	\$95	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	157	469	\$74,341	\$474	\$159	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	97	271	\$65,184	\$672	\$241	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	31	43	\$16,607	\$536	\$386	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	1	1	\$125	\$125	\$125	1
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	1	2	\$230	\$230	\$115	2
Additional Codes-Physician Services		99233		15 Minutes	1	3	\$345	\$345	\$115	3
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	1	1	\$680	\$680	\$680	1
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	1	11	\$308	\$308	\$28	11
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	1	1	\$33	\$33	\$33	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$486	\$486	\$486	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	2	24	\$7,249	\$3,625	\$302	12
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	8	465	\$41,469	\$5,184	\$89	58
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	112	121	\$53,958	\$482	\$446	1
Assessment for Autism		H0031	U5	Encounter	13	24	\$1,941	\$149	\$81	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	209	302	\$75,464	\$361	\$250	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	122	730	\$186,464	\$1,528	\$255	6
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	6	949	\$41,699	\$6,950	\$44	158
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	155	\$7,945	\$7,945	\$51	155
Community Living Supports in Independent living/own home		H0043		Encounter	45	12,850	\$2,127,318	\$47,274	\$166	286
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	30	86	\$47,474	\$1,582	\$552	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	27	359	\$131,889	\$4,885	\$367	13
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	36	250	\$15,280	\$424	\$61	7

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	231	349,270	\$1,900,029	\$8,225	\$5	1,512
Community Living Supports (15 Minutes)		H2015		Encounter	352	334,246	\$1,724,709	\$4,900	\$5	950
Community Living Supports (Daily)		H2016		Encounter	19	4,402	\$94,027	\$4,949	\$21	232
Community Living Supports (Daily)		H2016	TF	15 Minutes	35	8,525	\$556,938	\$15,913	\$65	244
Community Living Supports (Daily)		H2016	TG	Per mile	151	45,115	\$7,522,024	\$49,815	\$167	299
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	10	7,521	\$134,852	\$13,485	\$18	752
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	88	12,962	\$132,472	\$1,505	\$10	147
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	1	2,130	\$11,587	\$11,587	\$5	2,130
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	15	72	\$8,713	\$581	\$121	5
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	9	604	\$10,872	\$1,208	\$18	67
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	81	591	\$90,778	\$1,121	\$154	7
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	2	12	\$1,843	\$922	\$154	6
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	7	89	\$9,206	\$1,315	\$103	13
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	2	698	\$77,024	\$38,512	\$110	349
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	14	127	\$19,445	\$1,389	\$153	9
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Encounter	1	12	\$444	\$444	\$37	12
Environmental Modification		S5165		Face to Face Contact	3	3	\$44	\$15	\$15	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	4	\$130	\$65	\$33	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	2	4,129	\$128,990	\$64,495	\$31	2,065
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	1	2	\$548	\$548	\$274	2
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	15	98	\$25,576	\$1,705	\$261	7
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	17	17	\$9,371	\$551	\$551	1
Health Services		T1002		15 Minutes	6	50	\$3,657	\$609	\$73	8
Respite Care		T1005		Encounter	145	128,403	\$464,819	\$3,206	\$4	886
Respite Care		T1005	TD	Encounter	2	335	\$1,213	\$606	\$4	168
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	11	9,007	\$32,605	\$2,964	\$4	819
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	555	11,535	\$999,392	\$1,801	\$87	21
Targeted Case Management		T1017		Per Diem	101	2,166	\$174,233	\$1,725	\$80	21
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	3	32	\$2,553	\$851	\$80	11
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	105	30,960	\$1,256,357	\$11,965	\$41	295
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	46	8,744	\$752,159	\$16,351	\$86	190
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	64	16,459	\$2,446,795	\$38,231	\$149	257
Assessments		T1023		15 Minutes	17	23	\$9,519	\$560	\$414	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	22	472	\$15,359	\$698	\$33	21
Transportation		T2001		15 minutes	1	337	\$9,436	\$9,436	\$28	337

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pathways										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	1	576	\$6,849	\$6,849	\$12	576
Targeted Case Management (Children's Waiver)		T2023		Per Mile	7	74	\$23,667	\$3,381	\$320	11
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	17	177	\$25,946	\$1,526	\$147	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	2	2	\$65	\$33	\$33	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>653</b>		<b>\$22,459,218</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	1	4	\$2,024	\$2,024	\$506	4
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	5	\$3,397	\$3,397	\$679	5
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			7	7	\$929	\$133	\$133	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	21	21	\$6,732	\$321	\$321	1
Assessment for Autism		90792	U5	Encounter	1	1	\$292	\$292	\$292	1
Mental Health: Outpatient Care		90832		Encounter	6	11	\$1,052	\$175	\$96	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	56	318	\$43,073	\$769	\$135	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	46	164	\$26,488	\$576	\$162	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	6	27	\$4,956	\$826	\$184	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	1	1	\$4	\$4	\$4	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	2	3	\$1,028	\$514	\$343	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	3	4	\$1,476	\$492	\$369	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	2	23	\$2,015	\$1,007	\$88	12
Physical Therapy		97001		First 30-74 Min.	11	11	\$886	\$81	\$81	1
Physical Therapy		97002		Each Additional 30 Minutes	5	9	\$201	\$40	\$22	2
Occupational Therapy		97003		Encounter	7	13	\$830	\$119	\$64	2
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	11	99	\$1,730	\$157	\$17	9
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	1	2	\$38	\$38	\$19	2
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	1	3	\$91	\$91	\$30	3
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	105	340	\$33,610	\$320	\$99	3
Assessment for Autism		99212	U5	Encounter	1	2	\$146	\$146	\$73	2

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	3	4	\$229	\$76	\$57	1
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	2	4	\$292	\$146	\$73	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	43	43	\$6,288	\$146	\$146	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	44	312	\$8,759	\$199	\$28	7
Assessment for Autism		H0031	U5	Encounter	11	16	\$7,565	\$688	\$473	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	54	55	\$7,283	\$135	\$132	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	33	39	\$5,632	\$171	\$144	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	2	448	\$24,197	\$12,098	\$54	224
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	4	220	\$1,667	\$417	\$8	55
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	80	\$4,483	\$4,483	\$56	80
Community Living Supports in Independent living/own home		H0043		Encounter	10	3,162	\$364,013	\$36,401	\$115	316
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	17	82	\$4,907	\$289	\$60	5

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	2	1,706	\$5,921	\$2,961	\$3	853
Community Living Supports (15 Minutes)		H2015		Encounter	105	326,305	\$940,079	\$8,953	\$3	3,108
Community Living Supports (Daily)		H2016		Encounter	6	1,647	\$33,368	\$5,561	\$20	275
Community Living Supports (Daily)		H2016	TF	15 Minutes	17	5,512	\$269,361	\$15,845	\$49	324
Community Living Supports (Daily)		H2016	TG	Per mile	21	7,102	\$722,615	\$34,410	\$102	338
Behavior Services		H2019		Per mile	1	59	\$2,097	\$2,097	\$36	59
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	4	1,079	\$38,342	\$9,586	\$36	270
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	1	67	\$2,381	\$2,381	\$36	67
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	1	58	\$5,371	\$5,371	\$93	58
Supported Employment Services		H2023		Per one-way trip	21	1,404	\$20,062	\$955	\$14	67
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	8	17,308	\$45,293	\$5,662	\$3	2,164
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	14	23	\$1,923	\$137	\$84	2
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	4	63	\$3,875	\$969	\$62	16
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	4	11	\$2,091	\$523	\$190	3
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	1	1	\$288	\$288	\$288	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	5	51	\$3,727	\$745	\$73	10
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	4	4	\$219	\$55	\$55	1
Health Services		T1002		15 Minutes	62	123	\$6,782	\$109	\$55	2
Respite Care		T1005		Encounter	21	22,806	\$103,728	\$4,939	\$5	1,086
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	23	10,225	\$22,230	\$967	\$2	445
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	155	2,313	\$195,577	\$1,262	\$85	15
Targeted Case Management		T1017		Per Diem	53	1,308	\$111,552	\$2,105	\$85	25
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	2	4	\$339	\$169	\$85	2
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	3	938	\$15,146	\$5,049	\$16	313
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	7	2,193	\$116,600	\$16,657	\$53	313
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	35	12,225	\$1,579,060	\$45,116	\$129	349
Assessments		T1023		15 Minutes	17	22	\$12,366	\$727	\$562	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	4	17	\$1,202	\$301	\$71	4
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	2	\$169	\$169	\$85	2
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	1	12	\$1,510	\$1,510	\$126	12
Enhanced Medical Equipment-Supplies		T2028		Encounter	4	17	\$4,195	\$1,049	\$247	4
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>277</b>		<b>\$4,833,782</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	2	37	\$18,997	\$9,498	\$513	19
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	17	184	\$140,617	\$8,272	\$764	11
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	1	26	\$497	\$497	\$19	26
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Saginaw

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			2	2	\$196	\$98	\$98	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	46	46	\$8,729	\$190	\$190	1
Assessment for Autism		90792	U5	Encounter	6	6	\$474	\$79	\$79	1
Mental Health: Outpatient Care		90832		Encounter	17	53	\$5,529	\$325	\$104	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	60	501	\$49,519	\$825	\$99	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	50	298	\$71,353	\$1,427	\$239	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	3	10	\$1,985	\$662	\$199	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	10	58	\$5,939	\$594	\$102	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	12	209	\$59,571	\$4,964	\$285	17
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	4	4	\$421	\$105	\$105	1
Speech & Language Therapy		92507		Encounter 75-80 Min	30	615	\$57,324	\$1,911	\$93	21
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	16	16	\$1,284	\$80	\$80	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	4	7	\$513	\$128	\$73	2
Speech & Language Therapy		92610		Encounter 75-80 Min	4	4	\$183	\$46	\$46	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	93	459	\$52,978	\$570	\$115	5
Assessment for Autism		96101	U5	Encounter 75-80 Min	3	8	\$692	\$231	\$86	3
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	38	532	\$28,595	\$753	\$54	14
Physical Therapy		97001		First 30-74 Min.	4	5	\$440	\$110	\$88	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	28	28	\$3,014	\$108	\$108	1
Occupational Therapy		97004		Encounter	144	155	\$10,526	\$73	\$68	1
Occupational or Physical Therapy		97110		Encounter	4	280	\$8,803	\$2,201	\$31	70
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	11	40	\$734	\$67	\$18	4
Occupational or Physical Therapy		97116		Encounter	1	4	\$183	\$183	\$46	4

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	13	1,337	\$100,489	\$7,730	\$75	103
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	12	967	\$64,142	\$5,345	\$66	81
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	11	45	\$1,438	\$131	\$32	4
Assessment or Health Services		97803		First Hour	42	165	\$7,503	\$179	\$45	4
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	2	2	\$722	\$361	\$361	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	4	4	\$1,712	\$428	\$428	1
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	4	4	\$19	\$5	\$5	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	313	693	\$22,889	\$73	\$33	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	295	643	\$40,631	\$138	\$63	2
Assessment for Autism		99213	U5	Encounter	1	1	\$28	\$28	\$28	1
Established Patient Evaluation and Management		99214		15 Minutes	126	301	\$34,705	\$275	\$115	2
Assessment for Autism		99214	U5	15 Minutes	4	14	\$446	\$112	\$32	4
Established Patient Evaluation and Management		99215		15 Minutes	23	26	\$5,380	\$234	\$207	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	1	1	\$45	\$45	\$45	1
Additional Codes-Physician Services		99222		15 Minutes	12	15	\$935	\$78	\$62	1
Additional Codes-Physician Services		99223		Encounter	1	1	\$38	\$38	\$38	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	5	\$232	\$116	\$46	3
Additional Codes-Physician Services		99232		15 Minutes	15	110	\$7,630	\$509	\$69	7
Additional Codes-Physician Services		99233		15 Minutes	4	11	\$1,230	\$307	\$112	3
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	2	22	\$2,929	\$1,465	\$133	11
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	4	8	\$1,304	\$326	\$163	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	1	2	\$106	\$106	\$53	2
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	5	26	\$15,583	\$3,117	\$599	5
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	1	1	\$30	\$30	\$30	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Saginaw

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	11	42	\$12,439	\$1,131	\$296	4
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	1	24	\$168	\$168	\$7	24
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	26	828	\$68,012	\$2,616	\$82	32
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	204	237	\$123,728	\$607	\$522	1
Assessment for Autism		H0031	U5	Encounter	37	61	\$2,898	\$78	\$48	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	267	2,775	\$451,937	\$1,693	\$163	10
Monitoring of Treatment - Clinician		H0032	TS	Encounter	7	11	\$3,621	\$517	\$329	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	1	12	\$698	\$698	\$58	12
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	20	226	\$12,197	\$610	\$54	11
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	46	12,466	\$527,436	\$11,466	\$42	271
Respite		H0045		Encounter	73	328	\$14,609	\$200	\$45	4
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	55	124	\$2,456	\$45	\$20	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	2	\$260	\$260	\$130	2
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	57	445	\$53,631	\$941	\$121	8

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Saginaw

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	324	645,663	\$2,151,475	\$6,640	\$3	1,993
Community Living Supports (15 Minutes)		H2015		Encounter	417	1,486,289	\$4,764,205	\$11,425	\$3	3,564
Community Living Supports (Daily)		H2016		Encounter	33	12,045	\$331,238	\$10,038	\$28	365
Community Living Supports (Daily)		H2016	TF	15 Minutes	153	393	\$60,522	\$396	\$154	3
Community Living Supports (Daily)		H2016	TG	Per mile	8	47,400	\$5,587,040	\$698,380	\$118	5,925
Behavior Services		H2019		Per mile	94	603	\$48,608	\$517	\$81	6
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	18	997	\$32,243	\$1,791	\$32	55
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	19	7,682	\$276,993	\$14,579	\$36	404
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	2	92	\$15,508	\$7,754	\$169	46
Supported Employment Services		H2023		Per one-way trip	91	175,368	\$2,262,811	\$24,866	\$13	1,927
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	26	44,457	\$218,537	\$8,405	\$5	1,710
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	28	32	\$6,098	\$218	\$191	1
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	19	2,134	\$38,145	\$2,008	\$18	112
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	9	62	\$17,831	\$1,981	\$288	7
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	1	1	\$0	\$0	\$0	1



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	5	5	\$504	\$101	\$101	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	1	1	\$99	\$99	\$99	1
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			13	540	\$137,017	\$10,540	\$254	42
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	116	126	\$46,444	\$400	\$369	1
Health Services		T1002		15 Minutes	3	12	\$453	\$151	\$38	4
Respite Care		T1005		Encounter	202	271,696	\$1,225,172	\$6,065	\$5	1,345
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	3	2,247	\$132,478	\$44,159	\$59	749
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	7	7,585	\$438,230	\$62,604	\$58	1,084
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	901	30,596	\$2,342,895	\$2,600	\$77	34
Targeted Case Management		T1017		Per Diem	75	4,263	\$190,556	\$2,541	\$45	57
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	131	30,809	\$914,296	\$6,979	\$30	235
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	139	32,852	\$4,376,168	\$31,483	\$133	236
Assessments		T1023		15 Minutes	53	91	\$31,615	\$597	\$347	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	18	207	\$5,595	\$311	\$27	12
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	2	40	\$6,257	\$3,129	\$156	20
Targeted Case Management (Children's Waiver)		T2023		Per Mile	4	45	\$16,609	\$4,152	\$369	11
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	75	776	\$87,190	\$1,163	\$112	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	2	4	\$922	\$461	\$230	2
Enhanced Medical Equipment-Supplies		T2029		Encounter	7	9	\$2,448	\$350	\$272	1
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	32	213	\$21,063	\$658	\$99	7
Respite Care		T2037		Days	24	522	\$53,821	\$2,243	\$103	22
Housing Assistance		T2038		Days	4	36	\$3,427	\$857	\$95	9
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	1	1	\$1,001	\$1,001	\$1,001	1
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>1,039</b>		<b>\$27,958,865</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac 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		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	27	\$18,005	\$4,501	\$667	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	1	\$667	\$667	\$667	1
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			7	7	\$2,523	\$360	\$360	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	18	18	\$8,686	\$483	\$483	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	17	54	\$4,064	\$239	\$75	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	43	340	\$49,909	\$1,161	\$147	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	21	120	\$20,702	\$986	\$173	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	6	10	\$1,029	\$172	\$103	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	20	119	\$16,551	\$828	\$139	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	12	59	\$10,368	\$864	\$176	5
Assessment for Autism		96101	U5	Encounter 75-80 Min	4	12	\$3,895	\$974	\$325	3
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	3	43	\$2,972	\$991	\$69	14
Physical Therapy		97001		First 30-74 Min.	38	39	\$15,242	\$401	\$391	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	48	52	\$11,379	\$237	\$219	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	2	336	\$12,584	\$6,292	\$37	168
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	6	1,012	\$46,925	\$7,821	\$46	169
Occupational or Physical Therapy		97140		Encounter	1	136	\$10,691	\$10,691	\$79	136
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	15	247	\$17,141	\$1,143	\$69	16
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	20	36	\$3,655	\$183	\$102	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	127	385	\$59,748	\$470	\$155	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	83	250	\$60,979	\$735	\$244	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	12	17	\$6,708	\$559	\$395	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	1	1	\$65	\$65	\$65	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	81	84	\$31,229	\$386	\$372	1
Assessment for Autism		H0031	U5	Encounter	5	5	\$2,110	\$422	\$422	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	103	573	\$156,757	\$1,522	\$274	6
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2	2	\$299	\$150	\$150	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	2	2	\$470	\$235	\$235	1
Home Based Services		H0036		Encounter	4	556	\$22,203	\$5,551	\$40	139
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	2	55	\$1,797	\$898	\$33	28
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	12	4,096	\$527,360	\$43,947	\$129	341
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	15	54	\$3,478	\$232	\$64	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	2	\$74	\$74	\$37	2
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	7	38	\$4,409	\$630	\$116	5

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	183	562,607	\$3,040,361	\$16,614	\$5	3,074
Community Living Supports (15 Minutes)		H2015		Encounter	93	72,447	\$461,702	\$4,965	\$6	779
Community Living Supports (Daily)		H2016		Encounter	12	3,297	\$138,043	\$11,504	\$42	275
Community Living Supports (Daily)		H2016	TF	15 Minutes	12	2,604	\$153,914	\$12,826	\$59	217
Community Living Supports (Daily)		H2016	TG	Per mile	60	20,382	\$2,610,580	\$43,510	\$128	340
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	1	736	\$6,991	\$6,991	\$9	736
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	8	35	\$6,810	\$851	\$195	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	2	2	\$2,942	\$1,471	\$1,471	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	1	1	\$64	\$64	\$64	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	35	36	\$18,178	\$519	\$505	1
Health Services		T1002		15 Minutes	181	866	\$66,463	\$367	\$77	5
Respite Care		T1005		Encounter	41	61,299	\$230,437	\$5,620	\$4	1,495
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	5	6,075	\$11,506	\$2,301	\$2	1,215
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	293	9,888	\$940,010	\$3,208	\$95	34
Targeted Case Management		T1017		Per Diem	0	0	\$0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	2	12	\$1,731	\$865	\$144	6
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	39	11,592	\$284,729	\$7,301	\$25	297
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	23	6,453	\$312,804	\$13,600	\$48	281
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	26	8,237	\$506,368	\$19,476	\$61	317
Assessments		T1023		15 Minutes	6	9	\$6,495	\$1,083	\$722	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	4	16	\$1,162	\$291	\$73	4
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	11	124	\$16,747	\$1,522	\$135	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	6	8	\$2,034	\$339	\$254	1
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>314</b>		<b>\$9,954,745</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Shiawassee

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	54	\$30,024	\$15,012	\$556	27
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	8	53	\$29,269	\$3,659	\$552	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			21	22	\$9,646	\$459	\$438	1
Assessment for Autism		90791	U5		1	1	\$448	\$448	\$448	1
Assessment		90792		Encounter	1	1	\$136	\$136	\$136	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	8	33	\$4,876	\$609	\$148	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	14	89	\$12,325	\$880	\$138	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	4	12	\$1,529	\$382	\$127	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	2	9	\$2,848	\$1,424	\$316	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	6	24	\$6,835	\$1,139	\$285	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Shiawassee										
Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	1	2	\$196	\$196	\$98	2
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	11	14	\$6,624	\$602	\$473	1
Assessment for Autism		96101	U5	Encounter 75-80 Min	3	4	\$1,855	\$618	\$464	1
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	2	2	\$380	\$190	\$190	1
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	1	20	\$1,100	\$1,100	\$55	20
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	27	27	\$10,087	\$374	\$374	1
Occupational Therapy		97004		Encounter	1	1	\$240	\$240	\$240	1
Occupational or Physical Therapy		97110		Encounter	11	72	\$3,851	\$350	\$53	7
Occupational or Physical Therapy		97112		Encounter	8	56	\$3,192	\$399	\$57	7
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	18	579	\$30,618	\$1,701	\$53	32
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	19	388	\$20,635	\$1,086	\$53	20
Occupational or Physical Therapy		97535		Encounter	15	207	\$12,186	\$812	\$59	14
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	1	4	\$136	\$136	\$34	4
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	23	75	\$4,616	\$201	\$62	3
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Shiawassee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	47	110	\$12,556	\$267	\$114	2
Assessment for Autism		99213	U5	Encounter	1	3	\$378	\$378	\$126	3
Established Patient Evaluation and Management		99214		15 Minutes	64	181	\$28,588	\$447	\$158	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	2	2	\$492	\$246	\$246	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	2	3	\$226	\$113	\$75	2
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	2	9	\$406	\$203	\$45	5
Additional Codes-Physician Services		99233		15 Minutes	1	4	\$86	\$86	\$22	4
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	2	3	\$114	\$57	\$38	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	79	93	\$29,209	\$370	\$314	1
Assessment for Autism		H0031	U5	Encounter	7	7	\$2,435	\$348	\$348	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	94	94	\$24,720	\$263	\$263	1
Treatment Planning		H0032		Encounter	38	41	\$8,126	\$214	\$198	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	20	40	\$4,766	\$238	\$119	2
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	9	1,156	\$88,516	\$9,835	\$77	128
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	13	674	\$22,573	\$1,736	\$33	52
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	2	153	\$20,410	\$10,205	\$133	77
Community Living Supports in Independent living/own home		H0043		Encounter	32	8,171	\$978,610	\$30,582	\$120	255
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	1	41	\$1,227	\$1,227	\$30	41
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	38	108	\$26,266	\$691	\$243	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	34	212	\$58,844	\$1,731	\$278	6
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	8	37	\$4,198	\$525	\$113	5

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	151	278,398	\$2,168,038	\$14,358	\$8	1,844
Community Living Supports (15 Minutes)		H2015		Encounter	119	463,237	\$1,798,779	\$15,116	\$4	3,893
Community Living Supports (Daily)		H2016		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	1	31	\$1,488	\$1,488	\$48	31
Community Living Supports (Daily)		H2016	TG	Per mile	26	8,894	\$1,225,768	\$47,145	\$138	342
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	5	543	\$29,664	\$5,933	\$55	109
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	7	4,259	\$232,671	\$33,239	\$55	608
Crisis Intervention		H2020		Per one-way trip	1	69	\$45,123	\$45,123	\$654	69
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	84	60,596	\$409,681	\$4,877	\$7	721
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	7	518	\$28,373	\$4,053	\$55	74
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	18	139	\$43,522	\$2,418	\$313	8
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	1	3	\$196	\$196	\$65	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	5	5	\$67,033	\$13,407	\$13,407	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Shiawassee										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	3	6	\$939	\$313	\$156	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	33	33	\$11,237	\$341	\$341	1
Health Services		T1002		15 Minutes	15	17	\$1,430	\$95	\$84	1
Respite Care		T1005		Encounter	27	20,534	\$81,220	\$3,008	\$4	761
Respite Care		T1005	TD	Encounter	1	381	\$3,000	\$3,000	\$8	381
Respite Care		T1005	TE	15 minutes	1	185	\$1,238	\$1,238	\$7	185
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	248	6,311	\$617,464	\$2,490	\$98	25
Targeted Case Management		T1017		Per Diem	31	542	\$46,889	\$1,513	\$87	17
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	14	5,077	\$39,167	\$2,798	\$8	363
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	12	3,628	\$178,281	\$14,857	\$49	302
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	205	\$13,836	\$13,836	\$67	205
Assessments		T1023		15 Minutes	4	6	\$3,972	\$993	\$662	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	11	63	\$1,542	\$140	\$24	6
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Shiawassee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	12	\$4,469	\$4,469	\$372	12
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	26	246	\$31,699	\$1,219	\$129	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	1	53	\$28,912	\$28,912	\$546	53
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>301</b>		<b>\$8,622,031</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Clair

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	45	\$23,331	\$23,331	\$518	45
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	10	197	\$103,483	\$10,348	\$525	20
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	9	146	\$93,648	\$10,405	\$641	16
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	1	7	\$3,761	\$3,761	\$537	7
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Clair

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			9	9	\$4,489	\$499	\$499	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	64	64	\$28,033	\$438	\$438	1
Assessment for Autism		90792	U5	Encounter	1	2	\$1,424	\$1,424	\$712	2
Mental Health: Outpatient Care		90832		Encounter	53	200	\$24,377	\$460	\$122	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	70	435	\$73,030	\$1,043	\$168	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	35	208	\$33,825	\$966	\$163	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	7	10	\$1,757	\$251	\$176	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	42	285	\$51,659	\$1,230	\$181	7
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	43	594	\$65,435	\$1,522	\$110	14
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	16	70	\$19,870	\$1,242	\$284	4
Assessment for Autism		96101	U5	Encounter 75-80 Min	22	62	\$10,990	\$500	\$177	3
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	13	221	\$17,496	\$1,346	\$79	17
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	84	86	\$36,938	\$440	\$430	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	9	1,028	\$16,743	\$1,860	\$16	114
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	58	764	\$54,098	\$933	\$71	13
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	8	27	\$1,962	\$245	\$73	3
Occupational or Physical Therapy		97535		Encounter	22	140	\$9,024	\$410	\$64	6
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	1	1	\$326	\$326	\$326	1
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	3	3	\$239	\$80	\$80	1
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$153	\$153	\$153	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	182	364	\$59,879	\$329	\$165	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	385	1,709	\$420,717	\$1,093	\$246	4
Assessment for Autism		99214	U5	15 Minutes	1	1	\$305	\$305	\$305	1
Established Patient Evaluation and Management		99215		15 Minutes	7	9	\$1,679	\$240	\$187	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	61	97	\$164,996	\$2,705	\$1,701	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	1	2	\$1,258	\$1,258	\$629	2
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Clair

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	2	23	\$2,464	\$1,232	\$107	12
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	246	304	\$127,426	\$518	\$419	1
Assessment for Autism		H0031	U5	Encounter	23	40	\$11,897	\$517	\$297	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	99	136	\$42,650	\$431	\$314	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	31	39	\$7,351	\$237	\$188	1
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	9	1,511	\$56,661	\$6,296	\$37	168
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	6	216	\$11,629	\$1,938	\$54	36
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	14	\$1,495	\$1,495	\$107	14
Community Living Supports in Independent living/own home		H0043		Encounter	63	20,241	\$2,208,927	\$35,062	\$109	321
Respite		H0045		Encounter	2	44	\$2,722	\$1,361	\$62	22
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	2	\$264	\$264	\$132	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	6	25	\$2,352	\$392	\$94	4

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	349	507,209	\$2,521,297	\$7,224	\$5	1,453
Community Living Supports (15 Minutes)		H2015		Encounter	643	1,584,709	\$8,744,894	\$13,600	\$6	2,465
Community Living Supports (Daily)		H2016		Encounter	26	8,746	\$170,239	\$6,548	\$19	336
Community Living Supports (Daily)		H2016	TF	15 Minutes	4	1,349	\$35,274	\$8,819	\$26	337
Community Living Supports (Daily)		H2016	TG	Per mile	144	47,385	\$7,114,205	\$49,404	\$150	329
Behavior Services		H2019		Per mile	2	48	\$2,200	\$1,100	\$46	24
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	10	6,844	\$510,727	\$51,073	\$75	684
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	20	1,369	\$27,867	\$1,393	\$20	68
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	9	11,930	\$63,106	\$7,012	\$5	1,326
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	9	689	\$82,975	\$9,219	\$120	77
Family Training - EBP		S5110		Encounter	1	16	\$620	\$620	\$39	16
Family Training		S5111		Days	78	281	\$63,745	\$817	\$227	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	34	236	\$38,324	\$1,127	\$162	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	1	1	\$152	\$152	\$152	1
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	11	13	\$30,657	\$2,787	\$2,358	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			1	40	\$2,741	\$2,741	\$69	40
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	6	7	\$2,825	\$471	\$404	1
Health Services		T1002		15 Minutes	66	1,832	\$128,892	\$1,953	\$70	28
Respite Care		T1005		Encounter	82	63,093	\$323,364	\$3,943	\$5	769
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	5	2,200	\$5,509	\$1,102	\$3	440
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	1	2	\$290	\$290	\$145	2
Supports Coordination/Wrap Facilitation		T1016		Per Diem	896	20,393	\$2,459,550	\$2,745	\$121	23
Targeted Case Management		T1017		Per Diem	0	0	\$0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	11	185	\$18,672	\$1,697	\$101	17
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	84	26,514	\$527,511	\$6,280	\$20	316
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	65	21,971	\$1,213,282	\$18,666	\$55	338
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	31	8,639	\$754,196	\$24,329	\$87	279
Assessments		T1023		15 Minutes	6	7	\$1,109	\$185	\$158	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	16	278	\$37,410	\$2,338	\$135	17
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	10	112	\$33,605	\$3,360	\$300	11
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	56	551	\$54,847	\$979	\$100	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	5	27	\$7,761	\$1,552	\$287	5
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	3	27	\$1,750	\$583	\$65	9
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	1	3	\$981	\$981	\$327	3
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	1	1	\$145	\$145	\$145	1
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>989</b>		<b>\$28,781,485</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	331	\$117,112	\$58,556	\$354	166
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	6	\$4,075	\$4,075	\$679	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
St. Joseph										
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			2	2	\$160	\$80	\$80	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	15	15	\$2,457	\$164	\$164	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	22	64	\$4,340	\$197	\$68	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	36	294	\$38,903	\$1,081	\$132	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	6	8	\$2,474	\$412	\$309	1
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	34	150	\$12,921	\$380	\$86	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	25	143	\$12,630	\$505	\$88	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	4	46	\$8,804	\$2,201	\$191	12
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	10	18	\$3,374	\$337	\$187	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	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		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Joseph Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	3	16	\$518	\$173	\$32	5
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	81	192	\$16,396	\$202	\$85	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	74	159	\$38,077	\$515	\$239	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	15	21	\$5,619	\$375	\$268	1
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	1	2	\$423	\$423	\$212	2
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	1	1	\$40	\$40	\$40	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	2	\$16	\$16	\$8	2
Additional Codes-Physician Services		99232		15 Minutes	1	1	\$14	\$14	\$14	1
Additional Codes-Physician Services		99233		15 Minutes	1	3	\$62	\$62	\$21	3
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	36	37	\$23,034	\$640	\$623	1
Assessment for Autism		H0031	U5	Encounter	9	20	\$7,568	\$841	\$378	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	21	23	\$2,154	\$103	\$94	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	8	711	\$27,113	\$3,389	\$38	89
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	8	1,435	\$2,110	\$264	\$1	179
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	17	484	\$21,558	\$1,268	\$45	28
Community Living Supports in Independent living/own home		H0043		Encounter	24	7,365	\$1,253,481	\$52,228	\$170	307
Respite		H0045		Encounter	13	92	\$13,770	\$1,059	\$150	7
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	20	88	\$17,041	\$852	\$194	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	20	101	\$19,559	\$978	\$194	5
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	6	41	\$5,676	\$946	\$138	7

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	9	13,175	\$49,322	\$5,480	\$4	1,464
Community Living Supports (15 Minutes)		H2015		Encounter	164	370,742	\$1,139,620	\$6,949	\$3	2,261
Community Living Supports (Daily)		H2016		Encounter	2	730	\$52,309	\$26,154	\$72	365
Community Living Supports (Daily)		H2016	TF	15 Minutes	24	7,497	\$1,146,081	\$47,753	\$153	312
Community Living Supports (Daily)		H2016	TG	Per mile	16	4,812	\$988,010	\$61,751	\$205	301
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	3	1,472	\$20,023	\$6,674	\$14	491
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	10	1,632	\$6,157	\$616	\$4	163
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	4	6,126	\$25,622	\$6,406	\$4	1,532
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	3	193	\$4,126	\$1,375	\$21	64
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	6	34	\$3,349	\$558	\$99	6
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	5	54	\$4,972	\$994	\$92	11
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Joseph										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	5	27	\$1,029	\$206	\$38	5
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	51	52	\$3,186	\$62	\$61	1
Health Services		T1002		15 Minutes	102	313	\$17,560	\$172	\$56	3
Respite Care		T1005		Encounter	20	18,502	\$72,356	\$3,618	\$4	925
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	213	11,619	\$606,590	\$2,848	\$52	55
Targeted Case Management		T1017		Per Diem	43	1,121	\$66,423	\$1,545	\$59	26
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	5	757	\$33,363	\$6,673	\$44	151
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	12	3,707	\$212,966	\$17,747	\$57	309
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	26	8,575	\$546,705	\$21,027	\$64	330
Assessments		T1023		15 Minutes	1	1	\$1,478	\$1,478	\$1,478	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	1	36	\$36	\$36	\$1	36
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

St. Joseph Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	29	278	\$33,006	\$1,138	\$119	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	1	0	\$517	\$517	\$0	0
<b>Total Population and Cost</b>					<b>293</b>		<b>\$6,696,286</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	\$184,690	\$184,690	\$506	365
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	72	\$41,853	\$5,979	\$581	10
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Summit Pointe Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			8	8	\$1,979	\$247	\$247	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	35	36	\$14,506	\$414	\$403	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	6	13	\$1,507	\$251	\$116	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	60	228	\$43,450	\$724	\$191	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	53	139	\$35,865	\$677	\$258	3
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	14	78	\$17,655	\$1,261	\$226	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	19	173	\$21,866	\$1,151	\$126	9
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	2	7	\$395	\$198	\$56	4
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	20	36	\$13,241	\$662	\$368	2
Assessment for Autism		96102	U5	30 Minutes	2	2	\$840	\$420	\$420	1
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	19	50	\$1,644	\$87	\$33	3
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	18	217	\$1,956	\$109	\$9	12
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	1	1	\$0	\$0	\$0	1
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	17	211	\$10,020	\$589	\$47	12
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	22	29	\$2,828	\$129	\$98	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	156	334	\$55,240	\$354	\$165	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	41	75	\$17,609	\$429	\$235	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	1	1	\$345	\$345	\$345	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	1	3	\$189	\$189	\$63	3
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	1	\$73	\$73	\$73	1
Additional Codes-Physician Services		99232		15 Minutes	2	13	\$672	\$336	\$52	7
Additional Codes-Physician Services		99233		15 Minutes	1	7	\$403	\$403	\$58	7
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	1	1	\$123	\$123	\$123	1
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	55	55	\$20,151	\$366	\$366	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	61	67	\$22,541	\$370	\$336	1
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	1	1	\$290	\$290	\$290	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	32	9,429	\$196,090	\$6,128	\$21	295
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	22	5,416	\$61,083	\$2,776	\$11	246
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	2	348	\$53,978	\$26,989	\$155	174
Community Living Supports in Independent living/own home		H0043		Encounter	37	4,100	\$737,983	\$19,945	\$180	111
Respite		H0045		Encounter	29	688	\$133,215	\$4,594	\$194	24
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	33	86	\$4,857	\$147	\$56	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	36	362	\$20,444	\$568	\$56	10
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	5	40	\$2,335	\$467	\$58	8

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Summit Pointe Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	52	34,723	\$329,925	\$6,345	\$10	668
Community Living Supports (15 Minutes)		H2015		Encounter	319	1,633,988	\$3,990,535	\$12,510	\$2	5,122
Community Living Supports (Daily)		H2016		Encounter	24	7,950	\$127,648	\$5,319	\$16	331
Community Living Supports (Daily)		H2016	TF	15 Minutes	16	4,437	\$171,585	\$10,724	\$39	277
Community Living Supports (Daily)		H2016	TG	Per mile	46	13,023	\$1,491,546	\$32,425	\$115	283
Behavior Services		H2019		Per mile	13	365	\$16,379	\$1,260	\$45	28
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	5	30	\$1,346	\$269	\$45	6
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	15	5,868	\$262,959	\$17,531	\$45	391
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	19	144	\$11,659	\$614	\$81	8
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	1	255	\$22,523	\$22,523	\$88	255
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	217	560	\$68,573	\$316	\$122	3
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	1	1	\$3,886	\$3,886	\$3,886	1

CMHSP Cost Data by Service Category

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	1	9	\$47	\$47	\$5	9
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	2	12,792	\$82,575	\$41,288	\$6	6,396
Private Duty Nursing		T1000	TE	Encounter	1	4,300	\$23,731	\$23,731	\$6	4,300
Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002		15 Minutes	1	5	\$41	\$41	\$8	5
Respite Care		T1005		Encounter	71	84,155	\$147,456	\$2,077	\$2	1,185
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	315	5,390	\$1,476,413	\$4,687	\$274	17
Targeted Case Management		T1017		Per Diem	228	8,376	\$1,412,955	\$6,197	\$169	37
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	7	47	\$11,745	\$1,678	\$250	7
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	23	6,392	\$120,183	\$5,225	\$19	278
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	16	3,932	\$127,345	\$7,959	\$32	246
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	48	15,058	\$1,347,461	\$28,072	\$89	314
Assessments		T1023		15 Minutes	7	8	\$6,988	\$998	\$873	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	15	128	\$7,688	\$513	\$60	9
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	4	4	\$258	\$65	\$65	1
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	1	810	\$6,796	\$6,796	\$8	810
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	76	658	\$11,821	\$156	\$18	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	1	2	\$81	\$81	\$40	2
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>628</b>		<b>\$13,004,066</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

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		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	7	\$3,542	\$3,542	\$506	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	65	\$25,621	\$3,660	\$394	9
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			24	24	\$11,839	\$493	\$493	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	2	4	\$263	\$132	\$66	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	7	22	\$3,629	\$518	\$165	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	5	19	\$6,266	\$1,253	\$330	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	1	1	\$208	\$208	\$208	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	4	80	\$9,019	\$2,255	\$113	20
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	6	21	\$1,385	\$231	\$66	4
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	1	1	\$91	\$91	\$91	1
Speech & Language Therapy		92523		Encounter 45-50 Min	10	10	\$1,458	\$146	\$146	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	3	3	\$296	\$99	\$99	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	7	28	\$3,558	\$508	\$127	4
Assessment for Autism		96101	U5	Encounter 75-80 Min	3	19	\$619	\$206	\$33	6
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	2	4	\$482	\$241	\$121	2
Physical Therapy		97001		First 30-74 Min.	29	36	\$9,238	\$319	\$257	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	78	80	\$30,579	\$392	\$382	1
Occupational Therapy		97004		Encounter	12	13	\$3,042	\$254	\$234	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	1	1	\$127	\$127	\$127	1
Assessment or Health Services		97803		First Hour	13	15	\$1,905	\$147	\$127	1
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	72	130	\$28,858	\$401	\$222	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	89	203	\$59,853	\$673	\$295	2
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	43	43	\$18,518	\$431	\$431	1
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	4	4	\$2,632	\$658	\$658	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	1	1	\$98	\$98	\$98	1
Additional Codes-Physician Services		99222		15 Minutes	3	3	\$412	\$137	\$137	1
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	6	\$231	\$231	\$39	6
Additional Codes-Physician Services		99232		15 Minutes	4	23	\$1,638	\$410	\$71	6
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	5	2,745	\$1,510	\$302	\$1	549
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$396	\$396	\$396	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	82	85	\$21,735	\$265	\$256	1
Assessment for Autism		H0031	U5	Encounter	3	3	\$7,296	\$2,432	\$2,432	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	125	258	\$64,597	\$517	\$250	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	99	608	\$118,909	\$1,201	\$196	6
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	6	769	\$50,152	\$8,359	\$65	128
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	2	138	\$11,830	\$5,915	\$86	69
Community Living Supports in Independent living/own home		H0043		Encounter	14	5,041	\$1,117,873	\$79,848	\$222	360
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	53	178	\$18,891	\$356	\$106	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	1	2	\$171	\$171	\$86	2

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	106	305,121	\$2,260,280	\$21,323	\$7	2,879
Community Living Supports (15 Minutes)		H2015		Encounter	11	7,314	\$23,926	\$2,175	\$3	665
Community Living Supports (Daily)		H2016		Encounter	68	1,572	\$172,327	\$2,534	\$110	23
Community Living Supports (Daily)		H2016	TF	15 Minutes	6	561	\$37,158	\$6,193	\$66	94
Community Living Supports (Daily)		H2016	TG	Per mile	61	20,452	\$2,195,956	\$35,999	\$107	335
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	1	382	\$18,805	\$18,805	\$49	382
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	1	836	\$41,311	\$41,311	\$49	836
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	25	1,450	\$13,258	\$530	\$9	58
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	1	8	\$811	\$811	\$101	8
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	1	1	\$6,989	\$6,989	\$6,989	1

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	67	70	\$21,004	\$313	\$300	1
Health Services		T1002		15 Minutes	84	1,477	\$198,916	\$2,368	\$135	18
Respite Care		T1005		Encounter	32	10,542	\$19,998	\$625	\$2	329
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	230	7,503	\$848,412	\$3,689	\$113	33
Targeted Case Management		T1017		Per Diem	1	53	\$4,804	\$4,804	\$91	53
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	1	23	\$2,606	\$2,606	\$113	23
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	68	4,703	\$194,928	\$2,867	\$41	69
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	23	1,757	\$100,409	\$4,366	\$57	76
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	11	16,137	\$833,377	\$75,762	\$52	1,467
Assessments		T1023		15 Minutes	8	12	\$8,169	\$1,021	\$681	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	19	219	\$9,314	\$490	\$43	12
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	1	10	\$2,440	\$2,440	\$244	10
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	60	541	\$10,834	\$181	\$20	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	1	0	\$96	\$96	\$0	0
Other				Month	60	0	\$6,615	\$110	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>250</b>		<b>\$8,671,510</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		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	8	98	\$86,406	\$10,801	\$882	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			51	53	\$14,003	\$275	\$264	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	54	55	\$14,999	\$278	\$273	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	11	35	\$3,342	\$304	\$95	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	22	69	\$11,328	\$515	\$164	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	27	101	\$26,505	\$982	\$262	4
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	1	2	\$396	\$396	\$198	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	7	16	\$1,880	\$269	\$118	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	25	114	\$7,442	\$298	\$65	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	9	11	\$2,130	\$237	\$194	1
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	7	12	\$2,307	\$330	\$192	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	6	12	\$2,574	\$429	\$214	2
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	3	6	\$518	\$173	\$86	2
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	10	10	\$2,976	\$298	\$298	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	9	34	\$2,715	\$302	\$80	4
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Van Buren										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	14	79	\$5,728	\$409	\$73	6
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	10	32	\$2,132	\$213	\$67	3
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	1	1	\$80	\$80	\$80	1
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$47	\$47	\$47	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	75	102	\$8,391	\$112	\$82	1
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	143	455	\$58,202	\$407	\$128	3
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	9	9	\$1,566	\$174	\$174	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	1	1	\$22	\$22	\$22	1
Additional Codes-Physician Services		99222		15 Minutes	2	2	\$200	\$100	\$100	1
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	7	\$334	\$167	\$48	4
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	16	18	\$3,564	\$223	\$198	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	1	1	\$405	\$405	\$405	1
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	20	20	\$5,363	\$268	\$268	1
Assessment for Autism		H0031	U5	Encounter	4	4	\$5,116	\$1,279	\$1,279	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	93	114	\$22,879	\$246	\$201	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	62	179	\$35,360	\$570	\$198	3
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	1	129	\$15,776	\$15,776	\$122	129
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	4	112	\$1,076	\$269	\$10	28
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	26	7,562	\$1,427,136	\$54,890	\$189	291
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	69	176	\$43,457	\$630	\$247	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	11	59	\$5,928	\$539	\$100	5
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	18	112	\$4,623	\$257	\$41	6

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Van Buren

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	74	108,093	\$1,013,518	\$13,696	\$9	1,461
Community Living Supports (15 Minutes)		H2015		Encounter	130	190,627	\$1,110,353	\$8,541	\$6	1,466
Community Living Supports (Daily)		H2016		Encounter	49	12,339	\$885,032	\$18,062	\$72	252
Community Living Supports (Daily)		H2016	TF	15 Minutes	15	1,244	\$62,528	\$4,169	\$50	83
Community Living Supports (Daily)		H2016	TG	Per mile	20	1,495	\$180,142	\$9,007	\$120	75
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	2	1,464	\$27,582	\$13,791	\$19	732
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	4	519	\$0	\$0	\$0	130
Supported Employment Services		H2023		Per one-way trip	55	9,202	\$87,232	\$1,586	\$9	167
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	8	7,643	\$62,313	\$7,789	\$8	955
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	2	16	\$1,572	\$786	\$98	8
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	2	121	\$28,938	\$14,469	\$239	61
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	2	5	\$1,473	\$737	\$295	3
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	5	26	\$1,475	\$295	\$57	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	4	13	\$1,041	\$260	\$80	3
Health Services		S9470		15 Minutes	1	12	\$78	\$78	\$6	12
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	1	4,375	\$35,340	\$35,340	\$8	4,375
Private Duty Nursing		T1000	TE	Encounter	1	8,705	\$59,390	\$59,390	\$7	8,705
Assessment		T1001		Encounter	31	32	\$7,687	\$248	\$240	1
Health Services		T1002		15 Minutes	4	38	\$1,416	\$354	\$37	10
Respite Care		T1005		Encounter	42	22,501	\$99,600	\$2,371	\$4	536
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	2	1,325	\$5,350	\$2,675	\$4	663
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	133	2,802	\$437,474	\$3,289	\$156	21
Targeted Case Management		T1017		Per Diem	175	3,561	\$477,732	\$2,730	\$134	20
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	7	68	\$9,176	\$1,311	\$135	10
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	49	13,462	\$588,060	\$12,001	\$44	275
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	11	865	\$38,935	\$3,540	\$45	79
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	12	1,077	\$110,767	\$9,231	\$103	90
Assessments		T1023		15 Minutes	12	20	\$5,940	\$495	\$297	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	5	55	\$5,712	\$1,142	\$104	11
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>352</b>		<b>\$7,172,765</b>			



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw

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	221	\$104,573	\$34,858	\$473	74
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7	84	\$51,033	\$7,290	\$608	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	20	123	\$95,773	\$4,789	\$779	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	3	3	\$827	\$276	\$276	1
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			2	2	\$448	\$224	\$224	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	75	77	\$18,164	\$242	\$236	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	53	211	\$25,763	\$486	\$122	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	73	258	\$47,624	\$652	\$185	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	73	428	\$111,922	\$1,533	\$262	6
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	7	32	\$8,140	\$1,163	\$254	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	36	164	\$40,328	\$1,120	\$246	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	57	889	\$317,720	\$5,574	\$357	16
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	7	177	\$5,312	\$759	\$30	25
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	17	37	\$8,367	\$492	\$226	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	36	110	\$20,424	\$567	\$186	3
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	68	785	\$58,420	\$859	\$74	12
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	31	35	\$8,528	\$275	\$244	1
Occupational Therapy		97004		Encounter	21	25	\$6,484	\$309	\$259	1
Occupational or Physical Therapy		97110		Encounter	7	420	\$5,674	\$811	\$14	60
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	14	1,320	\$14,296	\$1,021	\$11	94
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	3	214	\$1,830	\$610	\$9	71
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	36	89	\$6,146	\$171	\$69	2
Assessment or Health Services		97803		First Hour	46	139	\$9,599	\$209	\$69	3
Health Services		97804		Each Additional 15 Minutes	21	46	\$16,437	\$783	\$357	2
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	9	20	\$1,536	\$171	\$77	2
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	33	64	\$6,608	\$200	\$103	2
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	394	1,087	\$105,646	\$268	\$97	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	187	435	\$47,315	\$253	\$109	2
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	10	12	\$1,536	\$154	\$128	1
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	7	7	\$13,974	\$1,996	\$1,996	1
Activity Therapy (Children's Waiver)		G0176		Encounter	30	898	\$102,031	\$3,401	\$114	30
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	11	12	\$1,885	\$171	\$157	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	7	42	\$7,528	\$1,075	\$179	6
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	363	705	\$279,018	\$769	\$396	2
Assessment for Autism		H0031	U5	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	202	394	\$77,606	\$384	\$197	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	4	12	\$2,364	\$591	\$197	3
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	1	4	\$33	\$33	\$8	4
Home Based Services		H0036		Encounter	14	1,733	\$108,347	\$7,739	\$63	124
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	10	428	\$29,643	\$2,964	\$69	43
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	3	729	\$56,979	\$18,993	\$78	243
Community Living Supports in Independent living/own home		H0043		Encounter	55	12,721	\$1,889,959	\$34,363	\$149	231
Respite		H0045		Encounter	16	528	\$16,421	\$1,026	\$31	33
Peer Directed and Operated Support Services		H0046		Encounter	1	1	\$0	\$0	\$0	1
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	35	149	\$11,801	\$337	\$79	4

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	371	991,562	\$10,718,785	\$28,892	\$11	2,673
Community Living Supports (15 Minutes)		H2015		Encounter	457	6,850,411	\$17,263,036	\$37,775	\$3	14,990
Community Living Supports (Daily)		H2016		Encounter	19	5,362	\$134,533	\$7,081	\$25	282
Community Living Supports (Daily)		H2016	TF	15 Minutes	32	9,069	\$519,744	\$16,242	\$57	283
Community Living Supports (Daily)		H2016	TG	Per mile	59	18,368	\$2,444,597	\$41,434	\$133	311
Behavior Services		H2019		Per mile	19	15,413	\$244,758	\$12,882	\$16	811
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	2	194	\$12,102	\$6,051	\$62	97
Supported Employment Services		H2023		Per one-way trip	241	192,337	\$2,633,094	\$10,926	\$14	798
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	16	30,245	\$176,026	\$11,002	\$6	1,890
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	19	1,967	\$59,580	\$3,136	\$30	104
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	41	277	\$24,240	\$591	\$88	7
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	8	22	\$2,039	\$255	\$93	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	\$75	\$75	\$75	1
Personal Emergency Response System (PERS)		S5161		Encounter	16	192	\$156,484	\$9,780	\$815	12
Environmental Modification		S5165		Face to Face Contact	4	4	\$7,985	\$1,996	\$1,996	1



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	13	33	\$65,879	\$5,068	\$1,996	3
Occupational or Physical Therapy		S8990		Encounter	1	4	\$214	\$214	\$54	4
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	41	340	\$103,476	\$2,524	\$304	8
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			17	264	\$16,476	\$969	\$62	16
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	421	438	\$52,722	\$125	\$120	1
Health Services		T1002		15 Minutes	324	1,045	\$65,354	\$202	\$63	3
Respite Care		T1005		Encounter	171	175,806	\$608,289	\$3,557	\$3	1,028
Respite Care		T1005	TD	Encounter	2	4,733	\$35,971	\$17,985	\$8	2,367
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	20	14,326	\$26,933	\$1,347	\$2	716
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	920	17,159	\$2,576,252	\$2,800	\$150	19
Targeted Case Management		T1017		Per Diem	251	4,567	\$605,539	\$2,413	\$133	18
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	4	65	\$18,220	\$4,555	\$280	16
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	16	5,220	\$98,397	\$6,150	\$19	326
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	30	9,871	\$520,103	\$17,337	\$53	329
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	54	16,662	\$2,034,264	\$37,672	\$122	309
Assessments		T1023		15 Minutes	39	52	\$14,865	\$381	\$286	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	3	38	\$1,826	\$609	\$48	13
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Washtenaw										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	12	11,603	\$129,141	\$10,762	\$11	967
Targeted Case Management (Children's Waiver)		T2023		Per Mile	43	364	\$161,725	\$3,761	\$444	8
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	148	1,550	\$158,348	\$1,070	\$102	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	1	1	\$1,996	\$1,996	\$1,996	1
Enhanced Medical Equipment-Supplies		T2029		Encounter	23	32	\$63,883	\$2,778	\$1,996	1
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	1	6	\$871	\$871	\$145	6
Respite Care		T2037		Days	3	17	\$791	\$264	\$47	6
Housing Assistance		T2038		Days	46	231	\$11,834	\$257	\$51	5
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	2	6	\$24,349	\$12,175	\$4,058	3
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	24	0	\$414,222	\$17,259	\$0	0
<b>Total Population and Cost</b>					<b>1,291</b>		<b>\$45,953,080</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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	3	121	\$55,804	\$18,601	\$461	40
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	25	\$16,551	\$5,517	\$662	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	3	55	\$36,412	\$12,137	\$662	18
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

West Michigan Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			17	17	\$10,539	\$620	\$620	1
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	15	27	\$2,922	\$195	\$108	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	27	76	\$13,045	\$483	\$172	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	43	427	\$97,821	\$2,275	\$229	10
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	2	15	\$1,700	\$850	\$113	8
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	1	5	\$567	\$567	\$113	5
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	6	11	\$2,771	\$462	\$252	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	3	19	\$1,714	\$571	\$90	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	8	34	\$5,947	\$743	\$175	4
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	3	4	\$2,784	\$928	\$696	1
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	21	48	\$11,154	\$531	\$232	2
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	4	45	\$8,033	\$2,008	\$179	11
Physical Therapy		97001		First 30-74 Min.	17	17	\$2,177	\$128	\$128	1
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	36	39	\$10,102	\$281	\$259	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		Encounter	4	11	\$483	\$121	\$44	3
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	33	163	\$13,275	\$402	\$81	5
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	36	67	\$1,688	\$47	\$25	2
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	201	685	\$172,339	\$857	\$252	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	1	1	\$179	\$179	\$179	1
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	1	1	\$389	\$389	\$389	1
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	19	19	\$6,282	\$331	\$331	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

West Michigan Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	2	15	\$3,421	\$1,711	\$228	8
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	43	49	\$20,645	\$480	\$421	1
Assessment for Autism		H0031	U5	Encounter	15	33	\$18,282	\$1,219	\$554	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	26	26	\$5,422	\$209	\$209	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		Encounter	5	688	\$46,082	\$9,216	\$67	138
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	1	127	\$5,668	\$5,668	\$45	127
Community Living Supports in Independent living/own home		H0043		Encounter	0	0	\$0	\$0	\$0	0
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	11	24	\$1,275	\$116	\$53	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	20	55	\$8,077	\$404	\$147	3
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	12	102	\$11,562	\$963	\$113	9

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

West Michigan Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	178	104,290	\$556,909	\$3,129	\$5	586
Community Living Supports (15 Minutes)		H2015		Encounter	332	336,446	\$2,821,920	\$8,500	\$8	1,013
Community Living Supports (Daily)		H2016		Encounter	7	1,657	\$167,158	\$23,880	\$101	237
Community Living Supports (Daily)		H2016	TF	15 Minutes	14	3,150	\$199,962	\$14,283	\$63	225
Community Living Supports (Daily)		H2016	TG	Per mile	63	19,638	\$3,071,187	\$48,749	\$156	312
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	8	7,148	\$126,019	\$15,752	\$18	894
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	34	2,539	\$29,224	\$860	\$12	75
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	8	517	\$29,764	\$3,720	\$58	65
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	28	103	\$22,628	\$808	\$220	4
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	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		Days	33	22,672	\$32,874	\$996	\$1	687
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	2	12	\$1,454	\$727	\$121	6
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	36	112	\$6,383	\$177	\$57	3
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	48	52	\$19,162	\$399	\$369	1
Health Services		T1002		15 Minutes	48	1,089	\$62,334	\$1,299	\$57	23
Respite Care		T1005		Encounter	42	18,979	\$191,830	\$4,567	\$10	452
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	79	4,512	\$222,396	\$2,815	\$49	57
Targeted Case Management		T1017		Per Diem	253	13,167	\$760,789	\$3,007	\$58	52
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	18	4,321	\$145,963	\$8,109	\$34	240
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	25	8,261	\$521,021	\$20,841	\$63	330
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	26	8,507	\$805,358	\$30,975	\$95	327
Assessments		T1023		15 Minutes	1	1	\$552	\$552	\$552	1
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	2	4	\$197	\$99	\$49	2
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

West Michigan										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	2	24	\$5,502	\$2,751	\$229	12
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	24	222	\$28,372	\$1,182	\$128	9
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>329</b>		<b>\$10,424,068</b>			

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

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		PT65	Days	1	17	\$3,791	\$3,791	\$223	17
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	24	\$5,454	\$2,727	\$227	12
Inpatient Hospital Ancillary Services - Room and Board	0144			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424				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 treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of visits	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 tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740				0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		# of visits	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPSC Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80101		Minutes	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Per Screen	0	0	\$0	\$0	\$0	0
Assessment for Autism		90785	U5	Per Screen	0	0	\$0	\$0	\$0	0
Assessment		90791			0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5		0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	37	37	\$13,256	\$358	\$358	1
Assessment for Autism		90792	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		Encounter	1	1	\$201	\$201	\$201	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90833		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90833	U5	Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		Encounter	8	62	\$9,530	\$1,191	\$154	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90836		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90836	U5	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		Encounter 20-30 Min	2	33	\$4,614	\$2,307	\$140	17
Substance abuse: Outpatient Care		90837		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Assessment		90838		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		90838	U5	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter 20-30 Min	1	11	\$684	\$684	\$62	11
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		90887		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy (Retired 1/1/14)		92506		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92524		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Encounter 45-50 Min	6	24	\$3,543	\$591	\$148	4
Assessment for Autism		96101	U5	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Assessment for Autism		96102	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		30 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		45 Minutes	1	1	\$1	\$1	\$1	1
Neurobehavioral Status Exam		96116		45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96118	U5	45 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech		96119		60 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	60 Minutes	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		60 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		96372		60 Minutes	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	9	13	\$3,366	\$374	\$259	1
Occupational or Physical Therapy		97110		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97124		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		Encounter	8	146	\$869	\$109	\$6	18
Occupational or Physical Therapy		97532		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		Encounter	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		Encounter	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		Encounter	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		First Hour	0	0	\$0	\$0	\$0	0
Health Services		97804		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99201	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99202	U5	Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99203	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99204	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204		Per Hour	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		99205	U5	Per Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205		Hour	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Per Hour	1	5	\$968	\$968	\$194	5
Assessment for Autism		99211	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$72	\$72	\$72	1
Assessment for Autism		99212	U5	Encounter	0	0	\$0	\$0	\$0	0



CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Established Patient Evaluation and Management		99213		Encounter	63	177	\$19,193	\$305	\$108	3
Assessment for Autism		99213	U5	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99214	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		15 Minutes	1	6	\$1,307	\$1,307	\$218	6
Assessment for Autism		99215	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99225		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99324		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99324	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99325		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99325	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99326		15 minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99326	U5	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99327		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99327	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99328	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99334	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99335	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99336	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99337	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99341	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99342	U5	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99343	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99344	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99345	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99347	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99348	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		99349	U5	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		99350		50 Minutes	0	0	\$0	\$0	\$0	0
Assessment for Autism		99350	U5	70 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		99506		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Administration (Children's Waiver)		99506		25 minutes	0	0	\$0	\$0	\$0	0
Medication Management		99605		35 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0090		25 minutes	0	0	\$0	\$0	\$0	0
Transportation		A0100		35 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0120		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0130		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0140		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0170		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Encounter	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	4	4	\$1,320	\$330	\$330	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Encounter	1	125	\$60,383	\$60,383	\$483	125
Substance Abuse: Residential	1002	H0018		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H0030		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	48	58	\$17,991	\$375	\$310	1
Assessment for Autism		H0031	U5	Encounter	7	9	\$6,443	\$920	\$716	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	45	67	\$7,187	\$160	\$107	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmacological Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		Encounter	24	32	\$3,002	\$125	\$94	1
Home Based Services		H0036		Encounter	2	273	\$27,711	\$13,855	\$102	137
Home Based Services		H0036	ST	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		Encounter	7	1,714	\$31,399	\$4,486	\$18	245
Substance Abuse: Recovery Support Services		H0038	TF	Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		Encounter	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Encounter	26	8,822	\$1,575,446	\$60,594	\$179	339
Respite		H0045		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	24	90	\$20,472	\$853	\$227	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	12	73	\$5,075	\$423	\$70	6
Comprehensive Medication Services - EBP only		H2010		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Skill-Building and Out of Home Non Vocational Habilitation		H2014		Encounter	6	1,488	\$8,786	\$1,464	\$6	248
Community Living Supports (15 Minutes)		H2015		Encounter	99	300,543	\$1,486,345	\$15,014	\$5	3,036
Community Living Supports (Daily)		H2016		Encounter	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TF	15 Minutes	19	6,658	\$884,869	\$46,572	\$133	350
Community Living Supports (Daily)		H2016	TG	Per mile	5	1,234	\$174,078	\$34,816	\$141	247
Behavior Services		H2019		Per mile	0	0	\$0	\$0	\$0	0
Applied Behavioral Intervention (ABI).		H2019	U5	Per one-way trip	0	0	\$0	\$0	\$0	0
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	Per one-way trip	2	2,757	\$53,539	\$26,770	\$19	1,379
Crisis Intervention		H2020		Per one-way trip	0	0	\$0	\$0	\$0	0
Wraparound		H2021		Per one-way trip	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		Per one-way trip	5	921	\$57,126	\$11,425	\$62	184
Mental Health Therapy		H2027			0	0	\$0	\$0	\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		Per Mile	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		Refer to code descriptions.	7	15,385	\$107,421	\$15,346	\$7	2,198
Home Based Services		H2033		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter	6	15	\$945	\$158	\$63	3
Transportation		S0209		Encounter	0	0	\$0	\$0	\$0	0
Transportation		S0215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215		15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training to Home Care Client		S5108	U5	Encounter	2	350	\$20,305	\$10,153	\$58	175
Family Training - EBP		S5110		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111		Days	28	144	\$41,465	\$1,481	\$288	5
Family Training		S5111	HA	Days	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Days	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Days	1	4	\$397	\$397	\$99	4
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		Days	0	0	\$0	\$0	\$0	0
Respite		S5151		Encounter	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		Encounter	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Face to Face Contact	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Enhanced Medical Equipment-Supplies		S5199		Per Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123	TT	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124		15 Minutes	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9445		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		S9446		15 minutes	0	0	\$0	\$0	\$0	0
Health Services		S9470		15 Minutes	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482			0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		15 Minutes	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000		Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TD	Per Diem	0	0	\$0	\$0	\$0	0
Private Duty Nursing		T1000	TE	Encounter	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	4	13	\$693	\$173	\$53	3
Health Services		T1002		15 Minutes	67	211	\$28,544	\$426	\$135	3
Respite Care		T1005		Encounter	34	40,164	\$158,404	\$4,659	\$4	1,181
Respite Care		T1005	TD	Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T1005	TE	15 minutes	0	0	\$0	\$0	\$0	0
Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Child Sitting Services		T1009		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		15 Minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Per Diem	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		Per Diem	148	4,385	\$310,917	\$2,101	\$71	30
Targeted Case Management		T1017		Per Diem	43	1,404	\$95,976	\$2,232	\$68	33
Nursing Home Mental Health Monitoring		T1017	SE	15 Minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		15 Minutes	3	739	\$40,441	\$13,480	\$55	246
Personal Care in Licensed Specialized Residential Setting		T1020	TF	15 Minutes	21	7,063	\$632,236	\$30,106	\$90	336
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	152	\$17,103	\$17,103	\$113	152
Assessments		T1023		15 Minutes	7	15	\$8,798	\$1,257	\$587	2
Prevention Services - Direct Model		T1027		Days	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Days	0	0	\$0	\$0	\$0	0
Transportation		T2001		15 minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

State of Michigan

Persons with Intellectual/Developmental Disabilities

SUB-ELEMENT COST REPORT: Fiscal Year 2014

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Transportation		T2001		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2003		15 Minutes	3	5,643	\$2,221	\$740	\$0	1,881
Substance Abuse Services: Transportation		T2003		Hour	0	0	\$0	\$0	\$0	0
Transportation		T2004		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter Face-to-Face, generally less than 10 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005		Per Mile	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Per Mile	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Per Mile	2	5	\$3,372	\$1,686	\$674	3
Prevention Services - Direct Model		T2024		15 Minutes	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		15 Minutes	13	128	\$16,329	\$1,256	\$128	10
Enhanced Medical Equipment-Supplies		T2028		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention		T2034		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Encounter	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Days	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Days	2	8	\$6,812	\$3,406	\$851	4
Enhanced Medical Equipment-Supplies		T2039		15 Minutes	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Diem	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per diem	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				Encounter	0	0	\$0	\$0	\$0	0
Other				Month	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL		Service	0	0	\$0	\$0	\$0	0
<b>Total Population and Cost</b>					<b>201</b>		<b>\$5,980,402</b>			