# SECTION 904 (2)(c) Part 1 TOTAL CMHSP COSTS BY SERVICE CATEGORY FY 2017

Statewide Summary

# Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2017 MDHHS/CMHSP contract. Cost data were collected for the reporting period October 1, 2016 to September 30, 2017 and submitted to MDHHS by March 2, 2018. The data in this section represent the total statewide CMHSP costs for each of the three consumer populations (Adults with Mental Illness, Children with an Emotional Disturbance, and Persons with Developmental Disability) by service category. All Department approved services are included.

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

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary

Local Psychiatric Hospital/IMD PT68 bundled per diem	HCPCS Code	Modifier  PT68  PT68  PT68  PT68  PT73  PT73  PT73  PT73  PT73  PT73	Unit Measure  Days  Days  Days  Days  Days  Days  Days  Amount  Amount	Cases  3,087  3,121  1,707  107  8,102  2,122  3,272  342  0	Units  36,194  41,125  14,678  952  79,651  18,796  28,820  2,971  0	Cost \$22,539,000 \$21,596,341 \$8,067,243 \$499,204 \$64,409,149 \$8,709,322 \$18,378,838 \$997,369	Cost/Case \$7,301 \$6,920 \$4,726 \$4,665 \$7,950 \$4,104 \$5,617 \$2,916	Cost/Unit \$623 \$525 \$550 \$550 \$524 \$809 \$463 \$638	9 10 9 9 9 9 9 9
Local Psychiatric Hospital/IMD PT68physician costs excluded  Local Psychiatric Hospital/IMD PT68physician costs excluded  Local Psychiatric Hospital/IMD PT68physician costs excluded  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community Inpatient Hospital Ancillary Services - Room and Board  Local Psychiatric Hospital/IMD  Local Psychiatric Hospital/IMD  Local Psychiatric Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy  0250-0254, 0257-0258  Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices  Inpatient Hospital Ancillary Services - Laboratory  1 patient Hospital Ancillary Services - Radiology  ECT Anesthesia  0370  Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Speech-Language Pathology		PT68 PT68 PT68 PT73 PT73 PT73 PT73 PT78	Days Days Days Days Days Days Amount	3,121 1,707 107 8,102 2,122 3,272 342 0	41,125 14,678 952 79,651 18,796 28,820 2,971	\$21,596,341 \$8,067,243 \$499,204 \$64,409,149 \$8,709,322 \$18,378,838 \$997,369	\$6,920 \$4,726 \$4,665 \$7,950 \$4,104 \$5,617 \$2,916	\$525 \$550 \$524 \$809 \$463 \$638	9 9 10 9
Local Psychiatric Hospital/IMD PT68physician costs excluded  Local Psychiatric Hospital/IMD PT68physician costs excluded  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board  Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology  ECT Anesthesia  Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Speech-Language Inpatient Hospital Ancillary Services - Emergency Room  O450		PT68 PT68 PT73 PT73 PT73 PT73 PT78	Days Days Days Days Days Amount	1,707 107 8,102 2,122 3,272 342	14,678 952 79,651 18,796 28,820 2,971	\$8,067,243 \$499,204 \$64,409,149 \$8,709,322 \$18,378,838 \$997,369	\$4,726 \$4,665 \$7,950 \$4,104 \$5,617 \$2,916	\$550 \$524 \$809 \$463 \$638	9 9 10 9
Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital/IMD  Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology  ECT Anesthesia  Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Emergency Room  O450		PT68 PT73 PT73 PT73 PT73 PT768	Days Days Days Days Amount	3,272 3,272 0	952 79,651 18,796 28,820 2,971	\$499,204 \$64,409,149 \$8,709,322 \$18,378,838 \$997,369	\$4,665 \$7,950 \$4,104 \$5,617 \$2,916	\$524 \$809 \$463 \$638	9 10 9
Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital/IMD  Local Psychiatric Hospital/IMD  Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board  Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy  Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices  Inpatient Hospital Ancillary Services - Laboratory  Inpatient Hospital Ancillary Services - Radiology  ECT Anesthesia  Inpatient Hospital Ancillary Services - Respiratory Services  Inpatient Hospital Ancillary Services - Physical Therapy  Inpatient Hospital Ancillary Services - Occupational Therapy  Inpatient Hospital Ancillary Services - Speech-Language Pathology  Inpatient Hospital Ancillary Services - Emergency Room  O450		PT73 PT73 PT73 PT73 PT68	Days Days Days Amount	8,102 2,122 3,272 342 0	79,651 18,796 28,820 2,971	\$64,409,149 \$8,709,322 \$18,378,838 \$997,369	\$7,950 \$4,104 \$5,617 \$2,916	\$809 \$463 \$638	9
PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital/IMD  Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board  Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology  ECT Anesthesia Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Emergency Room  O450		PT73 PT73 PT73 PT68	Days Days Amount	2,122 3,272 342 0	18,796 28,820 2,971	\$8,709,322 \$18,378,838 \$997,369	\$4,104 \$5,617 \$2,916	\$463 \$638	9
PT73bundled per diem  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital - Acute Community PT73physician costs excluded  Local Psychiatric Hospital/IMD  Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology  ECT Anesthesia  Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Emergency Room  O450		PT73 PT73 PT68	Days Days Amount	3,272 342 0	28,820	\$18,378,838 \$997,369	\$5,617 \$2,916	\$638	9
Cocal Psychiatric Hospital - Acute Community PT73physician costs excluded		PT73	Days	342	2,971	\$997,369	\$2,916		
Local Psychiatric Hospital/IMD		PT68	Amount	0				\$336	9
Local Psychiatric Hospital/Acute Community  Inpatient Hospital Ancillary Services - Room and Board 0144  Inpatient Hospital Ancillary Services - Leave of Absence 0183  Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258  Inpatient Hospital Ancillary Services - Medical/Surgical 0270-0272  Supplies and Devices  Inpatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307  Inpatient Hospital Ancillary Services - Radiology 0320  ECT Anesthesia 0370  Inpatient Hospital Ancillary Services - Respiratory Services 0410  Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450					0	\$9,584.549			
Inpatient Hospital Ancillary Services - Room and Board 0144  Inpatient Hospital Ancillary Services - Leave of Absence 0183  Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258  Inpatient Hospital Ancillary Services - Medical/Surgical 0270-0272  Supplies and Devices  Inpatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307  Inpatient Hospital Ancillary Services - Radiology 0320  ECT Anesthesia 0370  Inpatient Hospital Ancillary Services - Respiratory Services 0410  Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language 0440-0444  Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450		PT73	Amount			,-0.,0.,	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence 0183  Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258  Inpatient Hospital Ancillary Services - Medical/Surgical 0270-0272  Supplies and Devices  Inpatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307  Inpatient Hospital Ancillary Services - Radiology 0320  ECT Anesthesia 0370  Inpatient Hospital Ancillary Services - Respiratory Services 0410  Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language 0440-0444  Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450	<del></del>			0	0	\$5,041,480	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258  Inpatient Hospital Ancillary Services - Medical/Surgical 0270-0272  Supplies and Devices  Inpatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307  Inpatient Hospital Ancillary Services - Radiology 0320  ECT Anesthesia 0370  Inpatient Hospital Ancillary Services - Respiratory Services 0410  Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450			Days	1	15	\$1,316	\$1,316	\$88	15
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices  Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology  ECT Anesthesia Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Respiratory Services Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Emergency Room  O450			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307  Inpatient Hospital Ancillary Services - Radiology 0320  ECT Anesthesia 0370  Inpatient Hospital Ancillary Services - Respiratory Services 0410  Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language 0440-0444  Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology 0320  ECT Anesthesia 0370  Inpatient Hospital Ancillary Services - Respiratory Services 0410  Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language 0440-0444  Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450			# of items	0	0	\$0	\$0	\$0	0
ECT Anesthesia 0370 Inpatient Hospital Ancillary Services - Respiratory Services 0410 Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 Pathology Inpatient Hospital Ancillary Services - Emergency Room 0450			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services 0410  Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language 0440-0444  Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424  Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language 0440-0444  Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434  Inpatient Hospital Ancillary Services - Speech-Language 0440-0444  Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 Pathology Inpatient Hospital Ancillary Services - Emergency Room 0450			# of treatments	0	0	\$0	\$0	\$0	0
Pathology  Inpatient Hospital Ancillary Services - Emergency Room 0450			# of treatments	0	0	\$0	\$0	\$0	0
			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function 0460			# of visits	912	1,556	\$291,534	\$320	\$187	2
			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology 0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 Technology (MRT)			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy 0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room 0710				17	93	\$35,132	\$2,067	\$378	5
Inpatient Hospital Ancillary Services -EKG/ECG 0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG 0740			# of tests	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

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Statewide Summary

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	31	426	\$356,279	\$11,493	\$836	14
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	4	114	\$4,600	\$1,150	\$40	29
Outpatient Partial Hospitalization	0912			Days	1,245	10,505	\$2,905,006	\$2,333	\$277	8
Outpatient Partial Hospitalization	0913			Days	14	66	\$33,567	\$2,398	\$509	5
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	17	491	\$42,967	\$2,527	\$88	29
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	11	13	\$94	\$9	\$7	1
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	8	260	\$14,758	\$1,845	\$57	33
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	6	6	\$98	\$16	\$16	1
Assessment		90791		Encounter	12,998	15,237	\$5,290,677	\$407	\$347	1
Substance Use: Assessment		90791	HF	Encounter	24	25	\$3,515	\$146	\$141	1
Assessment		90792		Encounter	22,728	24,443	\$7,147,309	\$314	\$292	1
Substance Use: Assessment		90792	HF	Encounter	52	56	\$7,622	\$147	\$136	1
Mental Health: Outpatient Care		90832		30 Minutes	21,822	57,560	\$4,502,598	\$206	\$78	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	82	127	\$14,910	\$182	\$117	2
Assessment	-	90833		30 Minutes	28	32	\$5,451	\$195	\$170	1
Mental Health: Outpatient Care		90834		45 Minutes	27,037	112,520	\$15,014,812	\$555	\$133	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	129	432	\$61,004	\$473	\$141	3

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

### Statewide Summary

Patrick Manife Congression Core	Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Mathemate Use Danaker Charger Service   98057   MF   90 Minutes   0   0   0   50   50   50	Assessment		90836		45 Minutes	327	2,167	\$358,630	\$1,097	\$165	7
Post-base of Missions	Mental Health: Outpatient Care		90837		60 Minutes	23,113	109,247	\$20,887,285	\$904	\$191	5
Pychatherapy for Crisis Foot Additional 30 Minutes	Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Pythocherapy for Crisis Each Additional 30 Minutes	Assessment		90838		60 Minutes	6	7	\$2,128	\$355	\$304	1
Manust   M	Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	550	666	\$175,373	\$319	\$263	1
Substance Use Disorder Colpanient Treatment	Psychotherapy for Crisis Each Additional 30 Minutes		90840			80	112	\$17,311	\$216	\$155	1
Partury   Part	Therapy-Family Therapy		90846		Encounter	58	115	\$24,427	\$421	\$212	2
Substance Use Disorder: Outputient Treatment	Substance Use Disorder: Outpatient Treatment		90846	HF	Encounter	1	3	\$85	\$85	\$28	3
Therapy-Family Therapy	Therapy-Family Therapy		90847		Encounter	431	1,552	\$247,927	\$575	\$160	4
Therapy-Family Therapy   90849   HS   Encounter   0   0   50   50   50   50	Substance Use Disorder: Outpatient Treatment		90847	HF	Encounter	2	6	\$470	\$235	\$78	3
Substance Use Disorder: Outpatient Treatment	Therapy-Family Therapy		90849		Encounter	2	9	\$1,972	\$986	\$219	5
Therapy-Group Therapy   90853   Encounter   6,745   73,097   \$5,881,766   \$872   \$30   1	Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment         0900, 0906, 0914, 0915, 0916, 0919         90833         HF         Encounter         1         4         \$52,886         \$1,991         \$575           Additional Codes-ECT Physician         90870         Encounter         1         7         \$4,899         \$4,899         \$570           Assessments-Other         90887         Encounter         1         7         \$4,899         \$4,899         \$570           Assessments-Other         90887         Encounter         1         9         \$1,815         \$1,835         \$204           Speech & Language Therapy         92507         Encounter         0         0         50         \$0         \$0           Speech & Language Therapy         92508         Encounter         0         0         50         \$0         \$0           Speech & Language Therapy         92521         Encounter         0         0         50         \$0         \$0           Speech & Language Therapy         92522         Encounter         0         0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$	Substance Use Disorder: Outpatient Treatment		90849	HF	Encounter	19	39	\$3,054	\$161	\$78	2
Padditional Codes-ECT Physician   90870   Encounter   1   3   45   \$25,886   \$1,991   \$575     Additional Codes-ECT Physician   0901   90870   Encounter   1   7   \$4,899   \$4,899   \$700     Assessments-Other   90887   Encounter   225   236   \$22,468   \$100   \$595     Speech & Language Therapy   92507   Encounter   0   0   \$1,835   \$1,835   \$204     Speech & Language Therapy   92508   Encounter   0   0   \$0   \$0   \$0     Speech & Language Therapy   92521   Encounter   1   1   \$592   \$592   \$592     Speech & Language Therapy   92522   Encounter   0   0   \$0   \$0   \$0     Speech & Language Therapy   92523   Encounter   0   0   \$0   \$0   \$0     Speech & Language Therapy   92524   Encounter   0   0   \$0   \$0   \$0     Speech & Language Therapy   92524   Encounter   0   0   \$0   \$0   \$0     Speech & Language Therapy   92524   Encounter   0   0   \$0   \$0   \$0     Speech & Language Therapy   92524   Encounter   0   0   \$0   \$0   \$0     Speech & Language Therapy   92526   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92607   First Hour   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92608   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0   \$0     Speech & Language Therapy   92609   Encounter   0   0   \$0   \$0   \$0   \$0   \$0   \$0	Therapy-Group Therapy		90853		Encounter	6,745	73,697	\$5,881,706	\$872	\$80	11
Additional Codes-ECT Physician         0901         90870         Encounter         1         7         \$4,899         \$4,899         \$700           Assessments-Other         90887         Encounter         225         236         \$22,468         \$100         \$95           Speech & Language Therapy         92507         Encounter         1         9         \$1,835         \$1,835         \$204           Speech & Language Therapy         92508         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92521         Encounter         1         1         \$592         \$592         \$592           Speech & Language Therapy         92522         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92523         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92524         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92526         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92607         First Hour	Substance Use Disorder: Outpatient Treatment		90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy   92507   Encounter   1   9   \$1,835   \$1,835   \$204	Additional Codes-ECT Physician		90870		Encounter	13	45	\$25,886	\$1,991	\$575	3
Speech & Language Therapy         92507         Encounter         1         9         \$1,835         \$1,835         \$204           Speech & Language Therapy         92508         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92521         Encounter         1         1         \$592         \$592           Speech & Language Therapy         92522         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92523         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92524         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92526         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92607         First Hour         0         0         \$0         \$0         \$0           Speech & Language Therapy         92608         Each Additional 30 or Minutes         0         0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         <	Additional Codes-ECT Physician	0901	90870		Encounter	1	7	\$4,899	\$4,899	\$700	7
Speech & Language Therapy         92508         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92521         Encounter         1         1         \$592         \$592         \$592           Speech & Language Therapy         92522         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92523         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92524         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92526         Encounter         0         0         \$0	Assessments-Other		90887		Encounter	225	236	\$22,468	\$100	\$95	1
Speech & Language Therapy         92521         Encounter         1         1         \$592         \$592         \$592           Speech & Language Therapy         92522         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92523         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92524         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92526         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92607         First Hour         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92608         Each Additional 30 Minutes         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92609         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92609         Encounter         0         0         \$0         \$0         \$0	Speech & Language Therapy		92507		Encounter	1	9	\$1,835	\$1,835	\$204	9
Speech & Language Therapy         92522         Encounter         0         0         \$0	Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy         92523         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92524         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92526         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92607         First Hour         0         0         \$0         \$0         \$0           Speech & Language Therapy         92608         Each Additional 30 hunters         0         0         \$0         \$0         \$0           Speech & Language Therapy         92609         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92610         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92610         Encounter         1         1         \$17         \$17         \$17           Psychological Testing PSYCH/PHYS         96101         Per Hour         359         869         \$249,728         \$696         \$287	Speech & Language Therapy		92521		Encounter	1	1	\$592	\$592	\$592	1
Speech & Language Therapy         92524         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92526         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92607         First Hour         0         0         \$0         \$0         \$0           Speech & Language Therapy         92608         Each Additional 30 Minutes         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92609         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92610         Encounter         1         1         \$17         \$17         \$17           Psychological Testing PSYCH/PHYS         96101         Per Hour         359         869         \$249,728         \$696         \$287	Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy         92526         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92607         First Hour         0         0         \$0         \$0         \$0           Speech & Language Therapy         92608         Each Additional 30 Minutes         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92609         Encounter         0         0         \$0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92610         Encounter         1         1         \$17         \$17         \$17           Psychological Testing PSYCH/PHYS         96101         Per Hour         359         869         \$249,728         \$696         \$287	Speech & Language Therapy		92523		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy         92607         First Hour         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92608         Each Additional 30 Minutes         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92609         Encounter         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92610         Encounter         1         1         \$17         \$17         \$17           Psychological Testing PSYCH/PHYS         96101         Per Hour         359         869         \$249,728         \$696         \$287	Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy         92608         Each Additional 30 Minutes         0         0         \$0         \$0         \$0         \$0           Speech & Language Therapy         92609         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92610         Encounter         1         1         \$17         \$17         \$17           Psychological Testing PSYCH/PHYS         96101         Per Hour         359         869         \$249,728         \$696         \$287	Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Minutes           Speech & Language Therapy         92609         Encounter         0         0         \$0         \$0         \$0           Speech & Language Therapy         92610         Encounter         1         1         \$17         \$17         \$17           Psychological Testing PSYCH/PHYS         96101         Per Hour         359         869         \$249,728         \$696         \$287	Speech & Language Therapy		92607		First Hour	0	0	\$0	\$0	\$0	0
Speech & Language Therapy         92610         Encounter         1         1         \$17         \$17         \$17           Psychological Testing PSYCH/PHYS         96101         Per Hour         359         869         \$249,728         \$696         \$287	Speech & Language Therapy		92608			0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS         96101         Per Hour         359         869         \$249,728         \$696         \$287	Speech & Language Therapy		92609	•	Encounter	0	0	\$0	\$0	\$0	0
	Speech & Language Therapy		92610	•	Encounter	1	1	\$17	\$17	\$17	1
Psychological Testing by Technician         96102         Per Hour         6         14         \$1,348         \$225         \$96	Psychological Testing PSYCH/PHYS		96101	•	Per Hour	359	869	\$249,728	\$696	\$287	2
	Psychological Testing by Technician		96102		Per Hour	6	14	\$1,348	\$225	\$96	2

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Psychological Testing by Comp		96103		Per Hour	3	3	\$145	\$48	\$48	1
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	19	19	\$8,823	\$464	\$464	1
Assessments-Other		96111		Encounter	12	14	\$18	\$2	\$1	1
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	3	9	\$2,185	\$728	\$243	3
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	9,809	80,358	\$8,071,490	\$823	\$100	8
Physical Therapy - Note: retired 1/1/17		97001		Encounter	3	4	\$1,880	\$627	\$470	1
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	20	19	\$11,242	\$562	\$592	1
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	2	2	\$729	\$364	\$364	1
Occupational or Physical Therapy		97110		15 Minutes	7	67	\$3,629	\$518	\$54	10
Occupational or Physical Therapy		97112		15 Minutes	1	25	\$1,290	\$1,290	\$52	25
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	2	42	\$2,196	\$1,098	\$52	21
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	4	50	\$2,556	\$639	\$51	13
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97161		Encounter	3	4	\$1,769	\$590	\$442	1
Physical Therapy		97162		Encounter	2	2	\$236	\$118	\$118	1
Physical Therapy		97163		Encounter	3	3	\$468	\$156	\$156	1
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	14	13	\$4,530	\$324	\$348	1
Occupational Therapy		97166		Encounter	13	12	\$5,741	\$442	\$478	1
Occupational Therapy		97167		Encounter	26	22	\$8,247	\$317	\$375	1
Occupational Therapy		97168		Encounter	4	5	\$3,087	\$772	\$617	1
Occupational or Physical Therapy		97530		15 Minutes	79	2,805	\$91,560	\$1,159	\$33	36
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	7	\$1,078	\$1,078	\$154	7
Occupational or Physical Therapy		97535		15 Minutes	3	22	\$2,494	\$831	\$113	7
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case		<del></del>
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	153	657	\$70,374	\$460	\$107	4
Assessment or Health Services		97803		15 Minutes	146	801	\$80,809	\$553	\$101	5
Health Services		97804		30 Minutes	2	2	\$514	\$257	\$257	1
Substance Use Disorder: Acupuncture		97810		Encounter	435	461	\$91,868	\$211	\$199	1
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	103	106	\$19,240	\$187	\$182	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	1	1	\$356	\$356	\$356	1
New Patient Evaluation and Management		99202		Encounter	752	780	\$190,257	\$253	\$244	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	3	7	\$373	\$124	\$53	2
New Patient Evaluation and Management		99203		Encounter	361	422	\$111,349	\$308	\$264	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	744	776	\$231,161	\$311	\$298	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1,179	1,247	\$471,592	\$400	\$378	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	436	453	\$66,606	\$153	\$147	1
Established Patient Evaluation and Management		99211		Encounter	3,768	8,351	\$937,395	\$249	\$112	2
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	11,176	21,752	\$2,059,324	\$184	\$95	2
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	54,138	189,902	\$24,386,726	\$450	\$128	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	111	351	\$17,863	\$161	\$51	3
Established Patient Evaluation and Management		99214		Encounter	23,823	61,714	\$13,884,489	\$583	\$225	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	3,828	6,379	\$1,839,275	\$480	\$288	2

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Substance Use Disorder: Established Patient Evaluation and Management  Additional Codes-Physician Services  Additional Codes-Physician Services	99215 99221	HF	Encounter	265	268	\$39,603	\$149	\$148	1
<u>-</u>	99221								
Additional Codes-Physician Services			30 Minutes	94	100	\$8,009	\$85	\$80	1
	99222		50 Minutes	506	594	\$61,100	\$121	\$103	1
Additional Codes-Physician Services	99223		70 Minutes	352	407	\$38,291	\$109	\$94	1
Additional Codes-Physician Services	99224		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99225		25 minutes	82	103	\$29,895	\$365	\$290	1
Additional Codes-Physician Services	99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99231		15 Minutes	649	2,707	\$140,222	\$216	\$52	4
Additional Codes-Physician Services	99232		25 minutes	861	3,758	\$223,466	\$260	\$59	4
Additional Codes-Physician Services	99233		35 Minutes	1,201	3,691	\$702,818	\$585	\$190	3
Substance Use Disorder: Physician Consultations	99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations	99242	HF	30 Minutes	1	1	\$259	\$259	\$259	1
Substance Use Disorder: Physician Consultations	99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations	99244	HF	60 Minutes	1	1	\$259	\$259	\$259	1
Substance Use Disorder: Physician Consultations	99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations	99251	HF	20 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations	99252	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations	99253	HF	55 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations	99254	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Physician Consultations	99255	HF	110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management	99304		25 minutes	2	2	\$148	\$74	\$74	1
Nursing Facility Services evaluation and management	99305		35 Minutes	10	10	\$1,157	\$116	\$116	1
Nursing Facility Services evaluation and management	99306		45 Minutes	10	11	\$1,545	\$155	\$140	1
Nursing Facility Services evaluation and management	99307		10 Minutes	43	62	\$2,829	\$66	\$46	1
Nursing Facility Services evaluation and management	99308		15 Minutes	97	130	\$9,350	\$96	\$72	1
Nursing Facility Services evaluation and management	99309		25 minutes	263	771	\$96,766	\$368	\$126	3
Nursing Facility Services evaluation and management	99310		35 Minutes	164	442	\$72,647	\$443	\$164	3
Assessment	99324		Encounter	1	4	\$2,236	\$2,236	\$559	4
Assessment	99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment	 99326		Encounter	3	3	\$594	\$198	\$198	1
Assessment	 99327		Encounter	3	3	\$4,226	\$1,409	\$1,409	1
Assessment	 99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment	 99334		Encounter	35	61	\$9,649	\$276	\$158	2

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Assessment		99335		Encounter	73	193	\$69,820	\$956	\$362	3
Assessment		99336		Encounter	78	125	\$88,603	\$1,136	\$709	2
Assessment		99337		Encounter	3	3	\$822	\$274	\$274	1
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342		Encounter	1	1	\$323	\$323	\$323	1
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	1	1	\$1,387	\$1,387	\$1,387	1
Assessment		99347		Encounter	8	17	\$10,478	\$1,310	\$616	2
Assessment		99348		Encounter	29	59	\$18,325	\$632	\$311	2
Assessment		99349		Encounter	5	5	\$1,173	\$235	\$235	1
Assessment		99350		Encounter	2	1	\$31	\$15	\$31	1
Medication Administration		99506		Encounter	17	144	\$12,618	\$742	\$88	8
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	138	177	\$10,170	\$74	\$57	1
Substance Use Disorder: Transportation		A0100	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	161	2,451	\$22,298	\$138	\$9	15
Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	148	4,327	\$30,313	\$205	\$7	29
Additional Codes-Transportation		A0427		Refer to code descriptions.	93	93	\$25,682	\$276	\$276	1
Enhanced Medical Equipment-Supplies		E1399		Items	1	2	\$707	\$707	\$353	2
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	111	828	\$155,529	\$1,401	\$188	7
Substance Use Disorder: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Individual Assessment		H0001		Encounter	1,688	2,166	\$176,598	\$105	\$82	1
Assessment		H0002		Encounter	21,820	24,361	\$4,553,584	\$209	\$187	1
Substance Use Disorder: Laboratory		H0003		Encounter	1	1	\$36	\$36	\$36	1
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	61	177	\$4,304	\$71	\$24	3

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Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	1,633	14,262	\$503,063	\$308	\$35	9
Substance Use Disorder: Case Management		H0006		Encounter	2	2	\$133	\$66	\$66	1
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	725	3,673	\$654,339	\$903	\$178	5
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	111	2,377	\$263,461	\$2,374	\$111	21
Crisis Residential Services		H0018		Days	4,166	34,075	\$13,500,378	\$3,241	\$396	8
Substance Use Disorder: Residential	1002	H0018	HF	Days	1,180	19,182	\$2,538,104	\$2,151	\$132	16
Substance Use Disorder: Residential	1002	H0019	HF	Days	104	3,138	\$166,694	\$1,603	\$53	30
Substance Use Disorder: Methadone		H0020		Encounter	1,114	252,609	\$2,601,898	\$2,336	\$10	227
Substance Use Disorder: Early Intervention		H0022		Encounter	11	36	\$2,083	\$189	\$58	3
Peer Directed and Operated Support Services		H0023		Encounter	848	33,388	\$2,969,815	\$3,502	\$89	39
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	82	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	26	99	\$11,115	\$428	\$112	4
Assessment		H0031		Encounter	64,417	109,583	\$24,616,093	\$382	\$225	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		133	155	\$61,464	\$462	\$397	1
Treatment Planning		H0032		Encounter	49,700	88,725	\$13,200,351	\$266	\$149	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	4,899	8,259	\$1,218,919	\$249	\$148	2
Substance Use Disorder: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	40	1,235	\$9,757	\$244	\$8	31
Health Services		H0034		15 Minutes	416	3,051	\$548,516	\$1,319	\$180	7
Home Based Services		H0036		15 Minutes	817	74,350	\$5,115,584	\$6,261	\$69	91
Home Based Services		H0036	ST	15 Minutes	6	195	\$13,596	\$2,266	\$70	33
Peer Directed and Operated Support Services		H0038		15 minutes	18,428	1,043,547	\$15,150,760	\$822	\$15	57
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	23	204	\$11,649	\$506	\$57	9
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	3	14	\$158	\$53	\$11	5
Peer Directed and Operated Support Services		NA			217	3,485	\$1,413,254	\$6,513	\$406	16
Assertive Community Treatment (ACT)		H0039		15 Minutes	4,936	895,899	\$57,980,123	\$11,746	\$65	182
Community Living Supports in Independent living/own home	e	H0043		Per diem	2,899	333,540	\$29,710,194	\$10,248	\$89	115
Respite		H0045		Days	52	1,135	\$107,294	\$2,063	\$95	22
Peer Directed and Operated Support Services		H0046		Encounter	97	37,238	\$884,421	\$9,118	\$24	384
Substance Use Disorder: Laboratory	<del>-</del>	H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

### Statewide Summary

Service Clargory   Person Clar	Statewide Summary				Unit						
Publication Treatment Plan Review - Monitoring Activities   12000   15   Excention   1500   15   Samurines   16000   16	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Compute Note Note Note Note Note Note Note No	Behavior Treatment Plan Review		H2000		Encounter	226	685	\$84,412	\$374	\$123	3
Part	Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	150	967	\$169,208	\$1,128	\$175	6
Section   Community   Commun	Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Sale Shaliding and Out of Home Non Vocational Habilitation   H2014	Crisis Intervention		H2011		15 Minutes	18,161	96,807	\$11,814,294	\$651	\$122	5
Community   Living Supprote (15 Minutes)   12014	Substance Use Disorder: Crisis Intervention, per 15 minute	es	H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Living Supp	Skill-Building and Out of Home Non Vocational Habilitati	ion	H2014		15 minutes	2,212	1,517,901	\$5,919,024	\$2,676	\$4	686
Per Diem   4.577   1.167_500   \$123,074_417   \$26,800   \$105   \$25.85   \$105   \$25.85   \$10	Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	2	1,226	\$3,963	\$1,982	\$3	613
Behavior Services   H2019	Community Living Supports (15 Minutes)		H2015		15 Minutes	6,543	3,166,407	\$18,025,905	\$2,755	\$6	484
Return Services   H2019   TT   15 Minutes   686   88.685   \$2.472,770   \$3.605   \$	Community Living Supports (Daily)		H2016		Per Diem	4,577	1,167,509	\$123,074,417	\$26,890	\$105	255
Mangaround SED Waiser   1902	Behavior Services		H2019		15 Minutes	873	47,975	\$2,139,058	\$2,450	\$45	55
Margaround (SID Waiver)   12022   17	Behavior Services		H2019	TT	15 Minutes	686	68,685	\$2,472,770	\$3,605	\$36	100
Margaround (SED Waiver)	Wraparound		H2021		15 Minutes	60	3,012	\$335,912	\$5,599	\$112	50
Supported Employment Services   H2023   15 minutes   4.063   762,211   510,267,892   \$2,527   \$13   188     Mental Health Therapy   H2027   15 Minutes   0   0   0   50   50   50   0     Substance Use Disorder: Outpatient Care   0900,0914, 0915, plan   12027   HF   15 Minutes   15 Minutes   179   4,669   \$42,044   \$235   \$39   \$26     Clubhouse Psychosocial Rehabilitation Programs   H2030   15 Minutes   3,372   4,034,708   \$21,347,908   \$6,331   \$55   1,197     Home Based Services   H2033   15 Minutes   0   0   50   50   50   50     Substance Use Disorder: Recovery Housing   H2034   Days   0   0   50   50   50   50     Substance Use Disorder: Outpatient Care   0900,0906,0914, or 1915,0916,0919   H2035   HF   Hour   2,540   24,929   \$1,792,128   \$706   \$72   10     Substance Use Disorder: Outpatient Care   0900,0906,0914, or 1915,0916,0919   H2036   HF   Per Diem   9   295   \$1,2482   \$1,387   \$42   \$33     Transportation   5000   Per Mile   1   892   \$446   \$446   \$1   \$892     Transportation   5000   Fer Mile   1   892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   \$892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   \$892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   \$892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   \$892   \$446   \$446   \$1   \$892     Transportation   50015   HF   Per Mile   1   \$892   \$894   \$894   \$894   \$894   \$894     Transportation   50015   HF   Per Mile   1   \$892   \$894   \$894   \$894   \$894   \$894   \$894     Transportation   50015   HF   Per Mile   1   \$892   \$894   \$894   \$894   \$894   \$894   \$894     Transportation   50015   HF   Per Mile   1   \$892   \$894   \$89	Wraparound (SED Waiver)		H2022		Days	11	106	\$71,179	\$6,471	\$672	10
Mental Health Therapy	Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care         0900, 0914, 0915, 0916, 0919         HF         15 Minutes         179         4,669         \$42,044         \$225         \$9         26           Clubbouse Psychosocial Rehabilitation Programs         H2030         15 Minutes         3,372         4,034,708         \$21,347,908         \$6,331         \$5         1,197           Home Based Services         H2033         15 Minutes         0         0         80         \$0	Supported Employment Services		H2023		15 minutes	4,063	762,211	\$10,267,892	\$2,527	\$13	188
Clubhouse Psychosocial Rehabilitation Programs	Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Hame Based Services   H2033   15 Minutes   0   0   50   50   50   0	Substance Use Disorder: Outpatient Care		H2027	HF	15 Minutes	179	4,669	\$42,044	\$235	\$9	26
Substance Use Disorder: Recovery Housing         H2034         Days         0         0         \$50         \$50         \$60           Substance Use Disorder: Outpatient Care         0900, 0906, 0914, 0915, 0916, 0919         H2035         HF         Hour         2.540         24.929         \$1,792,128         \$706         \$72         10           Substance Use Disorder: Outpatient Care         0900, 0906, 0914, 0915, 0916, 0919         H206         HF         Per Diem         9         295         \$12,482         \$1,387         \$42         33           Telemedicine Facility Fee         Q3014         GT         Per Service         3.085         11,438         \$268,158         \$87         \$23         4           Transportation         \$0209         Per Mile         1         892         \$446         \$446         \$1         892           Transportation         \$0215         Per Mile         1         3,378         \$63,142         \$63,142         \$19         3,378           Substance Use Disorder: Transportation         \$0215         HF         Per Mile         0         0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3,372	4,034,708	\$21,347,908	\$6,331	\$5	1,197
Substance Use Disorder: Outpatient Care         0900, 0906, 0914, 0915, 0916, 0919         HE Bour Project         2,540         24,929         \$1,792,128         \$706         \$72         10           Substance Use Disorder: Outpatient Care         0900, 0906, 0914, 0915, 0916, 0919         H2036         HF Per Diem         9         295         \$12,482         \$1,387         \$42         33           Telemedicine Facility Fee         Q3014         GT Per Service         3,085         11,438         \$268,158         \$87         \$23         4           Transportation         \$0209         Per Mile         1         892         \$446         \$446         \$1         892           Transportation         \$0215         Per Mile         1         3,378         \$63,142         \$63,142         \$19         3,378           Substance Use Disorder: Transportation         \$0215         HF Per Mile         0         0         \$0	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care   0900, 0906, 0914, 0915, 0916, 0919   H2036   HF   Per Diem   9   295   \$12,482   \$1,387   \$42   33   33   34   35   35   35   35   35	Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee   Q3014   GT   Per Service   3,085   11,438   \$268,158   \$87   \$23   4     Transportation   S0209   Per Mile   1   892   \$446   \$446   \$1   892     Transportation   S0215   Per Mile   1   3,378   \$63,142   \$63,142   \$19   3,378     Substance Use Disorder: Transportation   S0215   HF   Per Mile   0   0   \$0   \$0   \$0   \$0   \$0     Family Training - EBP   S5110   15 Minutes   58   1,620   \$64,124   \$1,106   \$40   28     Family Training   S5111   HA   Encounter   121   863   \$187,783   \$1,552   \$218   7     Family Training   S5111   HA   Encounter   2   9   \$1,858   \$929   \$206   5     Family Training   S5111   HM   Encounter   20   214   \$45,725   \$2,286   \$214   11     Foster Care   S5140   Days   0   0   \$0   \$0   \$0   \$0   \$0   \$0	Substance Use Disorder: Outpatient Care		H2035	HF	Hour	2,540	24,929	\$1,792,128	\$706	\$72	10
Transportation         S0209         Per Mile         1         892         \$446         \$446         \$1         892           Transportation         S0215         Per Mile         1         3,378         \$63,142         \$63,142         \$19         3,378           Substance Use Disorder: Transportation         S0215         HF         Per Mile         0         0         \$0 <td< td=""><td>Substance Use Disorder: Outpatient Care</td><td></td><td>H2036</td><td>HF</td><td>Per Diem</td><td>9</td><td>295</td><td>\$12,482</td><td>\$1,387</td><td>\$42</td><td>33</td></td<>	Substance Use Disorder: Outpatient Care		H2036	HF	Per Diem	9	295	\$12,482	\$1,387	\$42	33
Transportation         S0215         Per Mile         1         3,378         \$63,142         \$63,142         \$19         3,378           Substance Use Disorder: Transportation         \$0215         HF         Per Mile         0         0         \$0 </td <td>Telemedicine Facility Fee</td> <td></td> <td>Q3014</td> <td>GT</td> <td>Per Service</td> <td>3,085</td> <td>11,438</td> <td>\$268,158</td> <td>\$87</td> <td>\$23</td> <td>4</td>	Telemedicine Facility Fee		Q3014	GT	Per Service	3,085	11,438	\$268,158	\$87	\$23	4
Substance Use Disorder: Transportation         S0215         HF         Per Mile         0         0         \$0	Transportation		S0209		Per Mile	1	892	\$446	\$446	\$1	892
Family Training - EBP         S5110         15 Minutes         58         1,620         \$64,124         \$1,106         \$40         28           Family Training         \$5111         Encounter         121         863         \$187,783         \$1,552         \$218         7           Family Training         \$5111         HA         Encounter         2         9         \$1,858         \$929         \$206         5           Family Training         \$5111         HM         Encounter         20         214         \$45,725         \$2,286         \$214         11           Foster Care         \$5140         Days         0         0         \$0         \$0         \$0         \$0         \$0         \$0         \$0	Transportation		S0215		Per Mile	1	3,378	\$63,142	\$63,142	\$19	3,378
Family Training         S5111         Encounter         121         863         \$187,783         \$1,552         \$218         7           Family Training         \$5111         HA         Encounter         2         9         \$1,858         \$929         \$206         5           Family Training         \$5111         HM         Encounter         20         214         \$45,725         \$2,286         \$214         11           Foster Care         \$5140         Days         0         0         \$0         \$0         \$0         \$0         \$0         \$0         \$0	Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training         S5111         HA         Encounter         2         9         \$1,858         \$929         \$206         5           Family Training         S5111         HM         Encounter         20         214         \$45,725         \$2,286         \$214         11           Foster Care         \$5140         Days         0         0         \$0	Family Training - EBP		S5110		15 Minutes	58	1,620	\$64,124	\$1,106	\$40	28
Family Training         S5111         HM         Encounter         20         214         \$45,725         \$2,286         \$214         11           Foster Care         \$5140         Days         0         0         \$0         <	Family Training	-	S5111	-	Encounter	121	863	\$187,783	\$1,552	\$218	7
Foster Care         S5140         Days         0         0         \$0         \$0         \$0         \$0         \$0         0	Family Training		S5111	НА	Encounter	2	9	\$1,858	\$929	\$206	5
·	Family Training		S5111	НМ	Encounter	20	214	\$45,725	\$2,286	\$214	11
Foster Care         S5145         Days         0         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

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary

Service Category	Revenue Code HCPCS	Code Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite	S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite	S5151		Per Diem	1	10	\$692	\$692	\$69	10
Personal Emergency Response System (PERS)	S5160		Encounter	2	2	\$1,264	\$632	\$632	1
Personal Emergency Response System (PERS)	S5161		Month	33	293	\$353,365	\$10,708	\$1,206	9
Environmental Modification	S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	S5199		Items	4	5	\$1,185	\$296	\$237	1
Occupational or Physical Therapy	S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services	S9445		Encounter	11,541	37,586	\$2,809,215	\$243	\$75	3
Health Services	S9446		Encounter	497	4,253	\$859,288	\$1,729	\$202	9
Health Services	S9470		Encounter	90	227	\$79,244	\$880	\$349	3
Prevention Services - Direct Model	S9482		15 minutes	193	10,471	\$759,329	\$3,934	\$73	54
Intensive Crisis Stabilization-Enrolled Program	S9484		Hour	58	8,403	\$1,448,787	\$24,979	\$172	145
Residential Room and Board	S9976		Days	1,424	26,510	\$1,233,044	\$866	\$47	19
Substance Use Disorder: Residential Room and Board	S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing	T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing	T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Private Duty Nursing	T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment	T1001		Encounter	17,381	17,342	\$2,491,258	\$143	\$144	1
Health Services	T1002		Up to 15 min	13,230	56,338	\$4,588,153	\$347	\$81	4
Respite Care	T1005		15 Minutes	53	48,235	\$199,571	\$3,765	\$4	910
Respite Care	T1005	TD	15 Minutes	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 Use Disorder: Treatment Planning	T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services	T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services	T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP	T1015		Encounter	72	217	\$31,974	\$444	\$147	3
Supports Coordination/Wrap Facilitation	T1016		15 minutes	10,917	179,091	\$13,423,111	\$1,230	\$75	16
Targeted Case Management	T1017		15 minutes	59,854	1,790,983	\$121,905,280	\$2,037	\$68	30
Nursing Home Mental Health Monitoring	T1017	SE	15 minutes	949	15,639	\$1,641,380	\$1,730	\$105	16
Personal Care in Licensed Specialized Residential Setting	T1020		Days	4,063	880,665	\$47,918,806	\$11,794	\$54	217
Assessments	T1023		Encounter	24,467	33,135	\$16,941,043	\$692	\$511	1
Prevention Services - Direct Model	T1027		15 Minutes	13	330	\$27,159	\$2,089	\$82	25
Enhanced Medical Supplies or Pharmacy	T1999		Items	113	25,964	\$118,263	\$1,047	\$5	230

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Adults with Mental Illness

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### Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1,663	4,120	\$461,731	\$278	\$112	2
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			2	11	\$2,264	\$1,132	\$206	6
Fiscal Intermediary Services		T2025		Month	243	1,920	\$221,480	\$911	\$115	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	3	\$143	\$143	\$48	3
Respite Care		T2036		Per session. One night = one session	10	65	\$8,017	\$802	\$123	7
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	1,109	4,068	\$2,203,908	\$1,987	\$542	4
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	HK	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					73	0	\$1,425,312	\$19,525	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for T Codes		ALL			27	0	\$39,101	\$1,448	\$0	0
Total Population and Cost					153,168		\$875,426,130			

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Children with Serious Emotional Disturbance SUB-ELEMENT COST REPORT: Fiscal Year 2017

Statewide summary Unit Service Category Measure Revenue Code HCPCS Code Modifier Cases Units Cost Cost/Case Cost/Unit Unit/Case Local Psychiatric Hospital/IMD PT68 bundled per diem 0100 PT68 Days 1.061 13,197 \$10,235,001 \$9,647 \$776 12 Local Psychiatric Hospital/IMD PT68bundled per diem PT68 560 5.137 \$3,074,557 \$5,490 9 Davs Local Psychiatric Hospital/IMD PT68physician costs 0114, 0124, 0134, PT68 735 6.074 \$3,029,655 \$4,122 \$499 Days excluded 0154 Local Psychiatric Hospital/IMD PT68physician costs 0114, 0124, 0134, PT68 Days 33 \$210,628 \$6,383 \$543 12 excluded 0154 Local Psychiatric Hospital - Acute Community PT73bundled 0100 PT73 Days 492 5,446 \$4,442,542 \$9,030 \$816 11 per diem Local Psychiatric Hospital - Acute Community PT73bundled PT73 29 194 \$2,593 \$388 Days \$75,190 Local Psychiatric Hospital - Acute Community 0114, 0124, 0134, PT73 Days 159 1,149 \$842,530 \$5,299 \$733 PT73physician costs excluded 0154 Local Psychiatric Hospital - Acute Community 0114, 0124, 0134, PT73 Days 9 79 \$50,830 \$5,648 \$643 PT73physician costs excluded 0154 Local Psychiatric Hospital/IMD PT68 Amount 0 0 \$373,122 \$0 \$0 0 Local Psychiatric Hospital/Acute Community PT73 Amount 0 0 \$62,250 \$0 \$0 0 Days Inpatient Hospital Ancillary Services - Room and Board 0144 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Leave of Absence 0183 Days 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0 0 \$0 \$0 \$0 0258 Inpatient Hospital Ancillary Services - Medical/Surgical \$0 \$0 0270-0272 # of items 0 0 \$0 0 Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307 0 0 \$0 \$0 \$0 # of tests 0 Inpatient Hospital Ancillary Services - Radiology 0320 0 0 \$0 \$0 \$0 # of tests 0 ECT Anesthesia 0370 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Respiratory Services 0410 # of treatments 0 0 \$0 \$0 Inpatient Hospital Ancillary Services -Physical Therapy 0420-0424 # of treatments 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 # of treatments 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 # of treatments 0 0 \$0 \$0 \$0 Pathology Inpatient Hospital Ancillary Services - Emergency Room # of visits 2 \$377 \$189 \$189 0450 2 1 Inpatient Hospital Ancillary Services - Pulmonary Function # of tests 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Audiology 0470-0472 # of tests 0 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Magnetic Resonance 0 0610-0611 # of tests 0 \$0 \$0 \$0 0 Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of units 0 0 \$0 \$0 \$0 0 \$0 \$0 ECT Recovery Room 0710 0 0 \$0 0

Division of Quality Management and Planning

Children with Serious Emotional Disturbance

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State of Michigan

Statewide summ	OWE

Statewide summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	2	16	\$9,723	\$4,862	\$608	8
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	1,091	11,378	\$3,269,328	\$2,997	\$287	10
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Serv	rices 0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
ABA Behavior Identification Assessment		0359T	U5	Encounter	518	764	\$322,035	\$622	\$422	1
ABA Behavioral Follow-up Assessment		0362T	U5	First 30 Minutes	30	60	\$5,324	\$177	\$89	2
ABA Behavioral Follow-up Assessment		0363T	U5	Each Additional 30 Minutes	31	239	\$18,582	\$599	\$78	8
ABA Adaptive Treatment		0364T	U5	First 30 Minutes	511	89,544	\$1,823,202	\$3,568	\$20	175
ABA Adaptive Treatment		0365T	U5	Each Additional 30 Minutes	524	245,290	\$8,852,657	\$16,894	\$36	468
ABA Group Adaptive Behavior Treatment		0366T	U5	First 30 Minutes	41	3,780	\$136,578	\$3,331	\$36	92
ABA Group Adaptive Behavior Treatment		0367T	U5	Each Additional 30 Minutes	41	3,957	\$147,338	\$3,594	\$37	97
ABA Clinical Observation and Direction of Adaptive Behavi Treatment	ior	0368T	U5	First 30 Minutes	499	11,986	\$864,841	\$1,733	\$72	24
ABA Clinical Observation and Direction of Adaptive Behavi Treatment	ior	0369T	U5	Each Additional 30 Minutes	479	21,154	\$1,454,608	\$3,037	\$69	44
ABA Family Behavior Treatment Guidance		0370T	U5	Encounter	325	1,718	\$215,130	\$662	\$125	5
ABA Family Behavior Treatment Guidance		0371T	U5	Encounter	0	0	\$0	\$0	\$0	0
ABA Adaptive Behavior Treatment Social Skills Group		0372T	U5	Encounter	4	14	\$1,434	\$359	\$102	4
ABA Exposure Adaptive Behavior Treatment		0373T	U5	First 60 Minutes	6	170	\$18,028	\$3,005	\$106	28
ABA Exposure Adaptive Behavior Treatment		0374T	U5	Each Additional 30 Minutes	10	1,301	\$137,481	\$13,748	\$106	130
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80301		per date of service	0	0	\$0	\$0	\$0	0

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Division of Quality Management and Planning

State of Michigan Children with Serious Emotional Disturbance QMPmeasures@michigan.gov

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Statewide summary				TIVE						
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only - Note: retired 12/31/16		80304		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen		80305		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80306		Encounter	0	0	\$0	\$0	\$0	0
Drug Screen		80307		Encounter	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785		Encounter	73	1,469	\$140,090	\$1,919	\$95	20
Assessment for Autism		90785	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	136	143	\$2,458	\$18	\$17	1
Assessment		90791		Encounter	2,673	3,369	\$1,328,797	\$497	\$394	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5	Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	6,323	6,694	\$2,877,775	\$455	\$430	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	3	3	\$2,138	\$713	\$713	1
Mental Health: Outpatient Care		90832		30 Minutes	7,184	20,951	\$2,159,289	\$301	\$103	3
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	53	100	\$11,740	\$222	\$117	2
Assessment		90833		30 Minutes	7	8	\$1,544	\$221	\$193	1
Mental Health: Outpatient Care		90834		45 Minutes	11,724	58,308	\$8,157,755	\$696	\$140	5
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	84	243	\$34,314	\$409	\$141	3
Assessment		90836		45 Minutes	202	1,141	\$163,074	\$807	\$143	6
Mental Health: Outpatient Care		90837		60 Minutes	10,620	49,550	\$11,012,590	\$1,037	\$222	5
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	10	15	\$3,146	\$315	\$210	2
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	216	303	\$88,494	\$410	\$292	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	46	57	\$9,182	\$200	\$161	1
Therapy-Family Therapy		90846		Encounter	3,242	8,795	\$1,705,075	\$526	\$194	3
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	12,645	58,073	\$9,515,662	\$753	\$164	5

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CMHSP Cost Data by Service Category

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Statewide summa	ary			Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment for Autism		96118	U5	Hour	76	422	\$52,158	\$686	\$124	6
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	86	382	\$38,846	\$452	\$102	4
Physical Therapy - Note: retired 1/1/17		97001		Encounter	2	2	\$252	\$126	\$126	1
Physical Therapy - Note: retired 1/1/17		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy - Note: retired 1/1/17		97003		Encounter	52	57	\$16,941	\$326	\$297	1
Occupational Therapy - Note: retired 1/1/17		97004		Encounter	7	7	\$789	\$113	\$113	1
Occupational or Physical Therapy		97110		15 Minutes	53	2,581	\$60,099	\$1,134	\$23	49
Occupational or Physical Therapy		97112		15 Minutes	50	1,561	\$28,423	\$568	\$18	31
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	1	12	\$200	\$200	\$17	12
Occupational or Physical Therapy		97124		15 Minutes	2	136	\$2,059	\$1,030	\$15	68
Occupational or Physical Therapy		97140		15 Minutes	1	4	\$71	\$71	\$18	4
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97161		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97162		Encounter	1	2	\$214	\$214	\$107	2
Physical Therapy		97163		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97164		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97165		Encounter	33	33	\$8,207	\$249	\$249	1
Occupational Therapy		97166		Encounter	44	47	\$8,309	\$189	\$177	1
Occupational Therapy		97167		Encounter	27	27	\$7,298	\$270	\$270	1
Occupational Therapy		97168		Encounter	39	65	\$6,389	\$164	\$98	2
Occupational or Physical Therapy		97530		15 Minutes	117	7,138	\$229,293	\$1,960	\$32	61
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	61	1,504	\$57,729	\$946	\$38	25
Occupational or Physical Therapy		97535		15 Minutes	8	96	\$5,135	\$642	\$53	12
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Children with Serious Emotional Disturbance

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State of Michigan

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Statewide summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	1	4	\$205	\$205	\$51	4
Assessment or Health Services		97803		15 Minutes	3	35	\$2,965	\$988	\$85	12
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Acupuncture		97810		Encounter	77	81	\$16,142	\$210	\$199	1
Substance Use Disorder: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	22	22	\$6,610	\$300	\$300	1
Substance Use Disorder: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	95	97	\$31,687	\$334	\$327	1
Substance Use Disorder: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	32	38	\$15,298	\$478	\$403	1
Substance Use Disorder: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	94	122	\$84,521	\$899	\$693	1
Substance Use Disorder: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	334	401	\$278,361	\$833	\$694	1
Substance Use Disorder: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	520	634	\$82,784	\$159	\$131	1
Substance Use Disorder: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2,391	5,132	\$663,157	\$277	\$129	2
Substance Use Disorder: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	9,011	28,085	\$4,710,913	\$523	\$168	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	7,095	22,694	\$5,510,933	\$777	\$243	3
Substance Use Disorder: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management	<del>-</del>	99215	-	Encounter	1,288	3,327	\$1,042,129	\$809	\$313	3
Substance Use Disorder: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0

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Statewide summary Unit Service Category Measure Revenue Code HCPCS Code Modifier Cases Units Cost Cost/Case Cost/Unit Unit/Case Additional Codes-Physician Services 99221 30 Minutes 64 64 \$5,767 \$90 \$90 Additional Codes-Physician Services 99222 50 Minutes 79 87 \$10,792 \$137 \$124 1 Additional Codes-Physician Services 99223 70 Minutes 24 26 \$2,570 \$107 Additional Codes-Physician Services 99224 15 Minutes 0 0 \$0 \$0 0 7 Additional Codes-Physician Services 99225 25 minutes \$2,032 \$339 \$290 6 1 Additional Codes-Physician Services 99226 35 Minutes 0 0 \$0 \$0 \$0 0 Additional Codes-Physician Services 99231 15 Minutes 89 299 \$19,496 \$219 \$65 3 Additional Codes-Physician Services 99232 25 minutes 126 497 \$35,873 \$285 \$72 4 Additional Codes-Physician Services 233 597 \$142,572 \$612 \$239 3 99233 35 Minutes Substance Use Disorder: Physician Consultations 99241 HF 15 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 \$0 \$0 0 HF Substance Use Disorder: Physician Consultations 99244 60 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99245 HF 80 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99251 HF 20 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99252 HF 40 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99253 HF 55 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99254 HF 80 Minutes \$0 Substance Use Disorder: Physician Consultations 99255 HF 110 Minutes 0 0 \$0 \$0 \$0 0 Nursing Facility Services evaluation and management 99304 25 minutes 0 0 \$0 \$0 \$0 0 Nursing Facility Services evaluation and management 99305 35 Minutes 0 0 \$0 \$0 \$0 0 Nursing Facility Services evaluation and management 99306 45 Minutes 0 0 \$0 \$0 \$0 0 Nursing Facility Services evaluation and management 99307 10 Minutes 0 0 \$0 \$0 \$0 0 0 \$0 Nursing Facility Services evaluation and management 99308 15 Minutes 0 \$0 \$0 0 Nursing Facility Services evaluation and management 99309 25 minutes 0 0 \$0 \$0 \$0 0 Nursing Facility Services evaluation and management 99310 35 Minutes 0 0 \$0 \$0 \$0 0 99324 \$0 \$0 \$0 Assessment Encounter 0 0 0 Assessment 99325 Encounter 0 0 \$0 \$0 \$0 0 99326 \$0 0 Assessment Encounter 0 0 \$0 \$0 99327 0 0 \$0 \$0 0 Assessment Encounter \$0 99328 \$0 \$0 Assessment Encounter 0 0 \$0 0 Assessment 99334 Encounter 0 0 \$0 \$0 \$0 0 Assessment 99335 Encounter 0 0 \$0 \$0

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**CMHSP Cost Data by Service Category** State of Michigan

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Statewide summary Unit Service Category Measure Revenue Code HCPCS Code Modifier Cases Units Cost Cost/Case Cost/Unit Unit/Case 99336 Encounter 0 0 \$0 \$0 \$0 0 Assessment Assessment 99337 Encounter 0 0 \$0 \$0 \$0 0 Assessment 99341 Encounter 0 0 \$0 \$0 0 Assessment 99342 Encounter 0 0 \$0 \$0 \$0 0 99343 0 \$0 \$0 \$0 Assessment Encounter 0 0 99344 \$0 Assessment Encounter 0 0 \$0 \$0 0 Assessment 99345 Encounter 0 0 \$0 \$0 \$0 0 99347 Encounter 0 0 \$0 \$0 \$0 0 Assessment 99348 0 0 \$0 \$0 \$0 0 Assessment Encounter Assessment 99349 Encounter 0 0 \$0 \$0 \$0 0 Assessment 99350 Encounter 0 0 \$0 \$0 \$0 0 Medication Administration 99506 Encounter 0 0 \$0 \$0 \$0 0 \$0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 0 Transportation A0080 Per mile 0 0 \$0 \$0 \$0 0 Transportation A0090 Per mile 0 0 \$0 \$0 \$0 0 Transportation A0100 Per one-way trip 0 0 \$0 \$0 \$0 0 HF Substance Use Disorder: Transportation A0100 Per one-way trip 0 0 \$0 \$0 \$0 0 Transportation A0110 Per one-way trip 0 0 \$0 \$0 HF 0 Substance Use Disorder: Transportation A0110 Per one-way trip 0 \$0 \$0 \$0 0 Transportation A0120 1 -1 \$105 \$105 \$105 1 Per one-way trip Transportation A0130 Per one-way trip 0 0 \$0 \$0 \$0 0 Transportation A0140 0 0 \$0 \$0 \$0 0 Per one-way trip Transportation A0170 0 0 \$0 \$0 \$0 0 Additional Codes-Transportation 240 \$994 \$199 \$4 48 A0425 Per Mile 5 Additional Codes-Transportation A0427 Refer to code descriptions 9 8 \$2,061 \$229 \$258 Enhanced Medical Equipment-Supplies E1399 Items 7 9 \$1,982 \$283 \$220 1 Family Training/Support EBP only Encounter Session at least G0177 \$0 \$0 \$0 0 0 0 45 min Substance Use Disorder: Recovery Support Services G0409 15 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Individual Assessment H0001 Encounter 0 0 \$0 \$0 \$0 0 Assessment H0002 Encounter 8,980 15,856 \$1,594,842 \$178 \$101 2 Substance Use Disorder: Laboratory H0003 0 0 \$0 \$0 0 Encounter \$0

15 Minutes

46

273

\$11,943

\$260

\$44

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Substance Use Disorder: Outpatient Treatment

0900, 0906, 0914,

0915, 0916, 0919

H0004

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Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	466	3,494	\$1,523,335	\$3,269	\$436	7
Substance Use Disorder: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	2	\$116	\$116	\$58	2
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	631	6,069	\$1,296,833	\$2,055	\$214	10
Assessment		H0031		Encounter	25,943	43,079	\$11,224,187	\$433	\$261	2
Assessment for Autism		H0031	U5	Encounter	957	1,103	\$587,624	\$614	\$533	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		35	35	\$16,188	\$463	\$463	1
Treatment Planning		H0032		Encounter	18,497	42,154	\$7,227,274	\$391	\$171	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1,357	2,267	\$335,517	\$247	\$148	2
Substance Use Disorder: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	39	56	\$6,034	\$155	\$108	1
Home Based Services		H0036		15 Minutes	10,503	1,025,074	\$68,365,788	\$6,509	\$67	98
Home Based Services		H0036	ST	15 Minutes	214	7,137	\$556,684	\$2,601	\$78	33
Peer Directed and Operated Support Services		H0038		15 minutes	134	5,439	\$539,246	\$4,024	\$99	41
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	66	1,986	\$151,429	\$2,294	\$76	30
Substance Use Disorder: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	10	214	\$10,414	\$1,041	\$49	21
Community Living Supports in Independent living/own home		H0043		Per diem	27	2,476	\$124,215	\$4,601	\$50	92
Respite		H0045		Days	384	2,958	\$812,579	\$2,116	\$275	8
Peer Directed and Operated Support Services		H0046		Encounter	145	54,759	\$1,238,971	\$8,545	\$23	378
Substance Use Disorder: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0

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Statewide summary

Service Category		Habaa a I	M 116	Unit Measure		TToba	G	G1/G	Constitute	H-2/C
Substance Use Disorder: Outpatient Treatment	Revenue Code 0900, 0906, 0914,	HCPCS Code H0050	Modifier	15 Minutes	Cases 0	Units	Cost \$0	Cost/Case \$0	Cost/Unit \$0	Unit/Case 0
Substance Use Disorder. Outpatient Treatment	0915, 0916, 0919	110030		13 Minutes	Ü	Ü	30	30	\$0	Ü
Behavior Treatment Plan Review		H2000		Encounter	84	155	\$20,223	\$241	\$130	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	116	232	\$45,318	\$391	\$195	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	5,437	29,884	\$2,581,884	\$475	\$86	5
Substance Use Disorder: Crisis Intervention, per 15 minute:	s	H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation	n	H2014		15 minutes	321	20,144	\$178,676	\$557	\$9	63
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,866	981,693	\$6,568,060	\$3,520	\$7	526
Community Living Supports (Daily)		H2016		Per Diem	44	2,518	\$693,968	\$15,772	\$276	57
Behavior Services		H2019		15 Minutes	144	7,590	\$229,507	\$1,594	\$30	53
Behavior Services		H2019	TT	15 Minutes	96	6,225	\$153,751	\$1,602	\$25	65
Wraparound		H2021		15 Minutes	1,923	138,566	\$13,457,078	\$6,998	\$97	72
Wraparound (SED Waiver)		H2022		Days	272	4,630	\$1,934,435	\$7,112	\$418	17
Wraparound (SED Waiver)		H2022	TT	Days	10	169	\$43,850	\$4,385	\$259	17
Supported Employment Services		H2023		15 minutes	23	697	\$49,626	\$2,158	\$71	30
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H2033		15 Minutes	403	33,576	\$2,938,696	\$7,292	\$88	83
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	653	2,308	\$45,700	\$70	\$20	4
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	2	2,525	\$1,421	\$711	\$1	1,263
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1,982	13,377	\$2,124,132	\$1,072	\$159	7
Family Training		S5111	HA	Encounter	65	1,163	\$228,106	\$3,509	\$196	18
Family Training		S5111	НМ	Encounter	923	9,593	\$1,984,577	\$2,150	\$207	10

Division of Quality Management and Planning

State of Michigan Children with Serious Emotional Disturbance

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SUB-ELEMENT COST REPORT: Fiscal Year 2017

Statewide summary Unit Service Category Measure Revenue Code HCPCS Code Modifier Cases Units Cost Cost/Case Cost/Unit Unit/Case Home Care Training, Non-Family (Children's Waiver) S5116 Encounter 28 80 \$19,581 \$699 \$245 3 Foster Care S5140 Days 0 0 \$0 \$0 \$0 0 Foster Care S5145 Days 20 2,488 \$865,384 \$43,269 \$348 124 Respite S5150 15 Minutes 0 0 \$0 0 Respite 18 174 \$23,409 \$1,301 \$135 S5151 Per Diem 10 S5160 \$0 Personal Emergency Response System (PERS) Encounter 0 0 \$0 \$0 0 Personal Emergency Response System (PERS) S5161 Month 0 0 \$0 \$0 0 Environmental Modification S5165 Service 1 3 \$27,688 \$27,688 \$9,229 3 Enhanced Medical Equipment-Supplies 2 7 \$436 \$218 \$62 4 S5199 Items Occupational or Physical Therapy S8990 Encounter 0 0 \$0 \$0 0 Health Services S9445 Encounter 329 1,298 \$101,546 \$78 4 3 Health Services S9446 Encounter 5 17 \$910 \$182 \$54 \$53 Health Services S9470 Encounter 2 \$106 \$106 1 Prevention Services - Direct Model S9482 15 minutes 555 26,720 \$1,288,440 \$2,322 \$48 48 Intensive Crisis Stabilization-Enrolled Program S9484 Hour 111 1.873 \$412,152 \$3,713 \$220 17 Residential Room and Board S9976 Days 26 270 \$6,458 \$248 \$24 10 HF Substance Use Disorder: Residential Room and Board S9976 Days 0 0 \$0 \$0 \$0 0 Private Duty Nursing T1000 Up to 15 min \$0 \$0 TD Private Duty Nursing T1000 Up to 15 min 0 0 \$0 \$0 \$0 0 TE Private Duty Nursing T1000 Up to 15 min 0 0 \$0 \$0 \$0 0 Assessment T1001 Encounter 1,159 963 \$173,922 \$150 \$181 1 Health Services T1002 Up to 15 min 1,335 3,148 \$208,012 \$156 \$66 2 Respite Care T1005 15 Minutes 977 833,367 \$3,500,136 \$3,583 \$4 853 TD \$7 Respite Care T1005 15 Minutes 1 21 \$142 \$142 21 T1005 TE 15 Minutes 373 \$1,613 \$1,613 \$4 373 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 352 102,933 \$399,809 \$1,136 \$4 292 HF Substance Use Disorder: Treatment Planning T1007 0 \$0 \$0 \$0 Encounter 0 0 Substance Use Disorder: Child Sitting Services T1009 Encounter 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Recovery Support Services T1012 0 \$0 \$0 0 Encounter 0 \$0 Family Psycho-Education - EBP T1015 Encounter 0 \$0 \$0 0 0 \$0 \$3,208,537 22 Supports Coordination/Wrap Facilitation T1016 15 minutes 1,887 41,994 \$1,700 \$76 Targeted Case Management T1017 15 minutes 10,400 228,330 \$16,054,133 \$1,544 \$70 22 Nursing Home Mental Health Monitoring T1017 SE 15 minutes 5 51 \$26,911 \$5,382 \$528 10

Division of Quality Management and Planning

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2017

QMPmeasures@michigan.gov

State of Michigan

Statewide	summary

Statewide summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Care in Licensed Specialized Residential Setting		T1020		Days	8	26	\$1,295	\$162	\$50	3
Assessments		T1023		Encounter	4,555	5,873	\$2,950,313	\$648	\$502	1
Prevention Services - Direct Model		T1027		15 Minutes	48	1,135	\$106,451	\$2,218	\$94	24
Enhanced Medical Supplies or Pharmacy		T1999		Items	7	19	\$1,719	\$246	\$90	3
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	26	124	\$8,355	\$321	\$67	5
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			31	751	\$40,566	\$1,309	\$54	24
Fiscal Intermediary Services		T2025		Month	241	1,830	\$123,623	\$513	\$68	8
Enhanced Medical Equipment-Supplies		T2028		Items	7	19	\$6,321	\$903	\$333	3
Enhanced Medical Equipment-Supplies		T2029		Items	4	12	\$1,294	\$324	\$108	3
Respite Care		T2036		Per session. One night = one session	265	1,528	\$170,019	\$642	\$111	6
Respite Care		T2037		Per session. One day/partial day = one session	190	3,151	\$166,655	\$877	\$53	17
Housing Assistance		T2038		Service	6	6	\$3,029	\$505	\$505	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Goods and Services		T5999	НК	Per Item	0	0	\$0	\$0	\$0	0
Wraparound Services		T5999		Per Item	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other				·	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			1	0	\$0	\$0	\$0	0
Total Population and Cost					51,422		\$252,528,518			

# SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 bundled per diem	0100		PT68	Days	178	3,311	\$2,452,153	\$13,776	\$741	19
Local Psychiatric Hospital/IMD PT68bundled per diem	0100		PT68	Days	162	3,471	\$2,702,436	\$16,682	\$779	21
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	81	886	\$577,347	\$7,128	\$652	11
Local Psychiatric Hospital/IMD PT68physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	13	103	\$33,684	\$2,591	\$327	8
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	269	3,132	\$2,182,400	\$8,113	\$697	12
Local Psychiatric Hospital - Acute Community PT73bundled per diem	0100		PT73	Days	59	754	\$145,949	\$2,474	\$194	13
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	98	1,228	\$799,569	\$8,159	\$651	13
Local Psychiatric Hospital - Acute Community PT73physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	11	166	\$67,231	\$6,112	\$405	15
Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$332,018	\$0	\$0	0
Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$486,272	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	29	37	\$6,751	\$233	\$182	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

### SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Unit Service Category Unit/Case Revenue Code HCPCS Code Modifier Cases Cost Cost/Case Cost/Unit Measure Units Additional Codes-ECT Facility Charge 0901 Encounter 0 0 \$0 \$0 \$0 0 0900, 0902-0904. Inpatient Hospital Ancillary Services -# of visits 0 0 \$0 \$0 \$0 Psychiatric/Psychological Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 92 652 \$184,656 \$2,007 \$283 0913 0 Outpatient Partial Hospitalization Days 0 \$0 \$0 \$0 0 Inpatient Hospital Ancillary Services - Other Diagnosis Services 0 \$0 \$0 \$0 0925 Ω 0 # of tests Inpatient Hospital Ancillary Services - Other Therapeutic 0940-0942 0 \$0 \$0 # of visits 0 \$0 0 Services Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0 \$0 \$0 0 Additional Codes-ECT Anesthesia 0901 00104 Minutes 0 0 \$0 \$0 \$0 0 ABA Behavior Identification Assessment 0359T U5 Encounter 3,214 4,770 \$2,140,682 \$449 ABA Behavioral Follow-up Assessment U5 0362T First 30 Minutes 259 553 \$42,533 \$164 \$77 2 0363T ABA Behavioral Follow-up Assessment U5 Each Additional 30 Minutes 238 1,741 \$137,804 \$579 \$79 7 ABA Adaptive Treatment 0364T U5 First 30 Minutes 3,607 368,437 \$12,079,530 \$3,349 \$33 102 ABA Adaptive Treatment 0365T U5 Each Additional 30 Minutes 2,103,531 \$67,453,605 \$18,410 574 3,664 \$32 ABA Group Adaptive Behavior Treatment 0366T U5 First 30 Minutes 185 12.059 \$372,827 \$2.015 \$31 65 U5 ABA Group Adaptive Behavior Treatment 0367T \$375,733 \$2,123 \$26 82 Each Additional 30 Minutes 177 14,457 U5 ABA Clinical Observation and Direction of Adaptive Behavior 0368T First 30 Minutes 3,499 93,161 \$6,144,606 \$1,756 \$66 27 Treatment ABA Clinical Observation and Direction of Adaptive Behavior U5 0369T Each Additional 30 Minutes 3,464 180,730 \$11,622,868 \$3,355 \$64 52 Treatment 0370T U5 2 634 \$2,153,579 ABA Family Behavior Treatment Guidance Encounter 16,864 \$818 \$128 6 U5 ABA Family Behavior Treatment Guidance 0371T Encounter 57 165 \$13,540 \$238 \$82 3 ABA Adaptive Behavior Treatment Social Skills Group 0372T U5 Encounter 32 363 \$19,107 \$597 \$53 11 47 ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 69 3,225 \$341,221 \$4,945 \$106 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 Minutes 68 17.044 \$909,592 \$13,376 \$53 251 Drug Screen for Methadone Clients Only - Note: retired 80300 per date of service 0 0 \$0 \$0 \$0 0 Drug Screen for Methadone Clients Only - Note: retired 0 \$0 \$0 \$0 80301 per date of service 0 0 Drug Screen for Methadone Clients Only - Note: retired 80302 each procedure 0 0 \$0 \$0 \$0 0 12/31/16 Drug Screen for Methadone Clients Only - Note: retired 80303 per date of service 0 0 \$0 \$0 \$0 Drug Screen for Methadone Clients Only - Note: retired 0 \$0 \$0 80304 0 \$0 each procedure 0 12/31/16 Drug Screen 80305 0 0 \$0 \$0 \$0 0 Encounter Drug Screen 80306 Encounter 0 0 \$0 \$0 \$0 0 Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 0

Division of Quality Management and Planning

# SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit	_					
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Interactive Complexity - Add On Code		90785		Encounter	0	366	\$36,201	\$0	\$99	0
Assessment for Autism		90785	U5	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse - Interactive Complexity - Add On Code		90785	HF	Encounter	14	14	\$229	\$16	\$16	1
Assessment		90791		Encounter	899	996	\$404,066	\$449	\$406	1
Substance Use: Assessment		90791	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90791	U5	Encounter	2	2	\$1,101	\$551	\$551	1
Assessment		90792		Encounter	2,265	2,322	\$779,042	\$344	\$336	1
Substance Use: Assessment		90792	HF	Encounter	0	0	\$0	\$0	\$0	0
Assessment for Autism		90792	U5	Encounter	12	12	\$9,126	\$761	\$761	1
Mental Health: Outpatient Care		90832		30 Minutes	1,943	8,294	\$660,036	\$340	\$80	4
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	14	52	\$6,105	\$436	\$117	4
Assessment		90833		30 Minutes	3	3	\$438	\$146	\$146	1
Mental Health: Outpatient Care		90834		45 Minutes	3,149	17,883	\$2,334,384	\$741	\$131	6
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	18	58	\$8,190	\$455	\$141	3
Assessment		90836		45 Minutes	24	175	\$20,028	\$835	\$114	7
Mental Health: Outpatient Care		90837		60 Minutes	2,118	12,584	\$2,116,316	\$999	\$168	6
Substance Use Disorder: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	2	2	\$497	\$249	\$249	1
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	44	55	\$14,761	\$335	\$268	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	7	10	\$1,552	\$222	\$155	1
Therapy-Family Therapy		90846		Encounter	430	1,584	\$297,707	\$692	\$188	4
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1,406	8,092	\$1,056,197	\$751	\$131	6
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	·	90849		Encounter	6	11	\$2,374	\$396	\$216	2
Therapy-Family Therapy		90849	HS	Encounter	19	73	\$11,903	\$626	\$163	4
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	536	4,971	\$591,629	\$1,104	\$119	9
Substance Use Disorder: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	4	71	\$64,390	\$16,098	\$907	18
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

# SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Service Category	Revenue Code	HCPCS Code	Modifier	Unit	Cases		Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other	Revenue Code	90887	Modifier	Measure Encounter	173	Units 209	\$25,104	\$145	\$120	1
Speech & Language Therapy		92507		Encounter	1,690	40,056	\$3,333,486	\$1,972	\$83	24
Speech & Language Therapy		92508		Encounter	26	70	\$2,737	\$105	\$39	3
Speech & Language Therapy		92521		Encounter	15	15	\$2,059	\$137	\$137	1
Speech & Language Therapy		92522		Encounter	43	47	\$9,914	\$231	\$211	1
Speech & Language Therapy		92523		Encounter	1,334	1,427	\$238,835	\$179	\$167	1
Speech & Language Therapy		92524		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	101	651	\$101,671	\$1,007	\$156	6
Speech & Language Therapy		92607		First Hour	3	3	\$500	\$167	\$167	1
Speech & Language Therapy		92608		Each Additional 30 Minutes	2	12	\$1,212	\$606	\$101	6
Speech & Language Therapy		92609		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	275	295	\$152,519	\$555	\$517	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1,731	5,763	\$864,713	\$500	\$150	3
Assessment for Autism		96101	U5	Hour	683	2,689	\$542,985	\$795	\$202	4
Psychological Testing by Technician		96102		Per Hour	62	80	\$25,862	\$417	\$323	1
Assessment for Autism		96102	U5	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	1	1	\$28	\$28	\$28	1
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	83	85	\$31,881	\$384	\$375	1
Assessments-Other		96111		Encounter	57	67	\$40,455	\$710	\$604	1
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	1	8	\$769	\$769	\$96	8
Assessment for Autism		96118	U5	Hour	109	489	\$64,275	\$590	\$131	4
Neuropsych test by Tech		96119		Per Hour	0	0	\$0	\$0	\$0	0
Assessment for Autism		96119	U5	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96127			0	0	\$0	\$0	\$0	0
Medication Administration		96372		Encounter	651	6,782	\$738,501	\$1,134	\$109	10

Division of Quality Management and Planning

### SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Unit Service Category Cost HCPCS Code Modifier Cases Cost/Case Revenue Code Units Cost/Unit Unit/Case Physical Therapy - Note: retired 1/1/17 97001 95 \$27,822 \$273 102 \$293 Encounter Physical Therapy - Note: retired 1/1/17 97002 Encounter 8 8 \$1,657 \$207 \$207 Occupational Therapy - Note: retired 1/1/17 97003 562 \$150,755 \$268 Encounter 563 \$268 Occupational Therapy - Note: retired 1/1/17 97004 115 127 \$21,917 \$191 \$173 Encounter 97110 1,361 84,482 \$2,062,280 \$1.515 \$24 62 Occupational or Physical Therapy 15 Minutes 97112 2,575 22 Occupational or Physical Therapy 15 Minutes 119 \$99,448 \$836 \$39 97113 15 Minutes 188 \$4.102 \$1.367 \$22 63 Occupational or Physical Therapy 3 380 Occupational or Physical Therapy 97116 15 Minutes 25 \$26,083 \$1.043 \$69 15 Occupational or Physical Therapy 97124 15 Minutes 34 2,762 \$96,440 \$2,836 \$35 81 Occupational or Physical Therapy 97140 15 Minutes 37 1,223 \$56,840 \$1,536 \$46 33 Occupational or Physical Therapy 97150 Encounter 0 0 \$0 \$0 \$0 0 97161 75 79 \$25,249 \$337 \$320 Physical Therapy Encounter 1 Physical Therapy 97162 Encounter 123 136 \$29,200 \$237 \$215 Physical Therapy 97163 Encounter 154 218 \$59,398 \$386 \$272 97164 45 56 \$112 Physical Therapy Encounter \$6,287 \$140 1 Occupational Therapy 97165 Encounter 444 458 \$130,424 \$294 \$285 1 Occupational Therapy 97166 Encounter 879 881 \$183,552 \$209 \$208 Occupational Therapy 97167 Encounter 387 393 \$116,324 \$301 \$296 1 Occupational Therapy 97168 458 504 \$113,470 \$248 \$225 Encounter 1 Occupational or Physical Therapy 97530 15 Minutes 1,259 70,574 \$2,605,391 \$2,069 \$37 56 Occupational or Physical Therapy 97532 15 Minutes \$1,136 \$126 27 Occupational or Physical Therapy 97533 179 4.766 \$192,482 \$1,075 \$40 15 Minutes 97535 \$597 \$73 Occupational or Physical Therapy 15 Minutes 233 1,902 \$139,110 8 Occupational or Physical Therapy 97537 15 Minutes 1 372 \$7,363 \$7,363 \$20 372 97542 120 \$113 Occupational or Physical Therapy 15 Minutes 606 \$68,758 \$573 Occupational or Physical Therapy 97750 15 Minutes 23 66 \$3,819 \$166 \$58 3 Occupational Therapy 97755 15 Minutes 42 150 \$10,461 \$249 \$70 4 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 \$0 0 Prosthetic Training (Children's Waiver) 97761 15 Minutes 1 8 \$49 \$49 \$6 8 C/O for Orthotic/Prosth Use or Physical Therapy 97762 15 minutes 28 \$1,008 \$168 \$36 5 6 513 1,731 \$204,017 \$398 \$118 Assessment or Health Services 97802 15 Minutes 3 Assessment or Health Services 97803 15 Minutes 647 2,599 \$255,204 \$394 \$98 4 \$257 \$257 \$257 Health Services 97804 30 Minutes 1 1 1 14 15 \$2,989 \$199 Substance Use Disorder: Acupuncture 97810 \$214 Encounter 1 Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 \$0 \$0 0

Division of Quality Management and Planning

### SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Unit Service Category Cases HCPCS Code Modifier Cost Cost/Case Cost/Unit Revenue Code Measure Unit/Case \$113 \$57 New Patient Evaluation and Management 99201 2 \$113 Encounter 2 Substance Use Disorder: New Patient Evaluation and 99201 HF Encounter 0 0 \$0 \$0 \$0 0 Management New Patient Evaluation and Management 99202 Encounter 17 20 \$2,907 \$171 \$145 1 HF Substance Use Disorder: New Patient Evaluation and 99202 Encounter 0 0 \$0 \$0 \$0 0 Management New Patient Evaluation and Management 99203 Encounter 17 22 \$10,761 \$633 \$489 1 HF Substance Use Disorder: New Patient Evaluation and 99203 Encounter 0 0 \$0 \$0 \$0 0 Management New Patient Evaluation and Management 99204 Encounter 25 27 \$9,397 \$376 \$348 1 HF Substance Use Disorder: New Patient Evaluation and 99204 Encounter 0 0 \$0 \$0 \$0 0 Management New Patient Evaluation and Management 107 122 \$163,890 \$1,532 \$1,343 99205 Encounter 1 HF Substance Use Disorder: New Patient Evaluation and 99205 Encounter 0 0 \$0 \$0 \$0 0 Management 99211 Established Patient Evaluation and Management Encounter 600 1,667 \$180,372 \$301 \$108 3 HF Substance Use Disorder: Established Patient Evaluation and 99211 Encounter 0 0 \$0 \$0 \$0 0 Management Established Patient Evaluation and Management 99212 Encounter 3,285 7,480 \$919,792 \$280 \$123 2 Substance Use Disorder: Established Patient Evaluation and 99212 HF Encounter 0 0 \$0 \$0 \$0 0 Management Established Patient Evaluation and Management 99213 8,098 23,323 \$3,496,918 \$432 \$150 Encounter 3 Sustance Abuse: Established Patient Evaluation and 99213 HF Encounter 0 0 \$0 \$0 \$0 0 Management Established Patient Evaluation and Management 99214 Encounter \$4,520,546 \$684 6,611 21,105 \$214 3 HF Substance Use Disorder: Established Patient Evaluation and 99214 Encounter 0 0 \$0 \$0 \$0 0 Management Established Patient Evaluation and Management 99215 926 \$546,254 \$590 \$327 Encounter 1,668 2 HF Substance Use Disorder: Established Patient Evaluation and 99215 Encounter 0 0 \$0 \$0 \$0 0 Management Additional Codes-Physician Services 99221 14 \$361 \$283 30 Minutes 11 \$3,967 Additional Codes-Physician Services 99222 50 Minutes 24 28 \$3,269 \$136 \$117 99223 5 5 Additional Codes-Physician Services 70 Minutes \$512 \$102 \$102 1 Additional Codes-Physician Services 99224 15 Minutes 0 0 \$0 \$0 \$0 0 Additional Codes-Physician Services 99225 25 minutes 15 17 \$4,934 \$329 \$290 Additional Codes-Physician Services 99226 35 Minutes 0 0 \$0 \$0 \$0 0 Additional Codes-Physician Services 99231 15 Minutes 33 215 \$8,027 \$243 \$37 Additional Codes-Physician Services 99232 25 minutes 34 153 \$9,585 \$282 \$63 5 Additional Codes-Physician Services 99233 35 Minutes 177 \$186,836 \$1,056 \$272

Division of Quality Management and Planning

### SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Unit Service Category HCPCS Code Modifier Cases Cost Cost/Case Revenue Code Units Cost/Unit Unit/Case HF 99241 0 0 \$0 Substance Use Disorder: Physician Consultations 15 Minutes \$0 \$0 0 Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 \$0 \$0 0 99243 HF 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 40 Minutes Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 \$0 \$0 \$0 0 HF 0 \$0 \$0 99245 80 Minutes 0 \$0 Substance Use Disorder: Physician Consultations 0 HF \$0 Substance Use Disorder: Physician Consultations 99251 20 Minutes 0 0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99252 HF 40 Minutes 0 0 \$0 \$0 \$0 0 HF 0 \$0 Substance Use Disorder: Physician Consultations 99253 55 Minutes 0 \$0 \$0 0 HF Substance Use Disorder: Physician Consultations 99254 80 Minutes 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Physician Consultations 99255 HF 110 Minutes 0 0 \$0 \$0 \$0 0 \$74 Nursing Facility Services evaluation and management 99304 25 minutes 1 1 \$74 \$74 1 99305 0 0 \$0 \$0 \$0 0 Nursing Facility Services evaluation and management 35 Minutes Nursing Facility Services evaluation and management 99306 45 Minutes \$134 \$134 \$134 Nursing Facility Services evaluation and management 99307 10 Minutes 6 \$321 \$54 \$46 99308 15 16 \$943 \$59 Nursing Facility Services evaluation and management 15 Minutes \$63 1 Nursing Facility Services evaluation and management 99309 25 minutes 19 31 \$3,424 \$180 \$110 2 Nursing Facility Services evaluation and management 99310 35 Minutes 12 29 \$4,967 \$414 \$171 2 0 Assessment 99324 Encounter 0 \$0 \$0 \$0 0 99325 0 0 \$0 \$0 \$0 0 Assessment Encounter \$964 \$241 Assessment 99326 Encounter 4 4 \$241 1 Assessment 99327 Encounter 0 \$0 \$0 0 99328 0 0 \$0 \$0 \$0 0 Assessment Encounter 39 112 \$438 \$153 Assessment 99334 Encounter \$17,095 3 Assessment 99335 Encounter 18 40 \$13,599 \$756 \$340 2 99336 31 85 \$19,429 \$229 3 Assessment Encounter \$627 99337 1 2 \$814 \$814 \$407 2 Assessment Encounter Assessment 99341 Encounter 0 0 \$0 \$0 \$0 0 Assessment 99342 Encounter 0 0 \$0 \$0 \$0 0 \$0 Assessment 99343 Encounter 0 0 \$0 \$0 0 0 99344 Encounter 0 \$0 \$0 \$0 0 Assessment 0 Assessment 99345 Encounter 0 \$0 \$0 \$0 0 Assessment 99347 Encounter 1 2 \$865 \$865 \$433 2 4 \$1,360 \$340 2 Assessment 99348 Encounter \$680 5 14 \$2,799 \$200 99349 \$560 Assessment Encounter 3 Assessment 99350 Encounter 0 0 \$0 \$0 \$0 0

Division of Quality Management and Planning

SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Unit Service Category HCPCS Code Modifier Cases Cost Cost/Case Cost/Unit Revenue Code Units Unit/Case 99506 4 24 \$2,501 \$625 \$104 Medication Administration 6 Encounter Medication Management 99605 15 Minutes 0 0 \$0 \$0 \$0 0 0 0 \$0 \$0 \$0 0 Transportation A0080 Per mile Transportation A0090 Per mile 1 142 \$81 \$81 \$1 142 832 \$424 \$424 \$1 832 Transportation A0100 Per one-way trip HF \$0 Substance Use Disorder: Transportation A0100 Per one-way trip 0 0 \$0 \$0 0 Transportation A0110 0 0 \$0 \$0 \$0 0 Per one-way trip Substance Use Disorder: Transportation HF 0 \$0 A0110 0 \$0 \$0 Per one-way trip 0 Transportation A0120 Per one-way trip 376 12,415 \$410,142 \$1,091 \$33 33 Transportation A0130 Per one-way trip 1 223 \$8,920 \$8,920 \$40 223 10 Transportation A0140 14 \$4,063 \$406 \$290 1 Per one-way trip A0170 2 24 \$5,352 \$2,676 \$223 12 Transportation Additional Codes-Transportation A0425 Per Mile 2 179 \$621 \$311 \$3 90 Additional Codes-Transportation A0427 Refer to code descriptions. 0 0 \$0 \$0 \$0 0 Enhanced Medical Equipment-Supplies E1399 Items 480 826 \$380,543 \$793 \$461 2 Activity Therapy (Children's Waiver) G0176 Encounter 162 4,867 \$335,947 \$2,074 \$69 30 Family Training/Support EBP only G0177 Encounter Session at least 2 5 \$1,820 \$910 \$364 45 min Substance Use Disorder: Recovery Support Services G0409 15 Minutes 0 \$0 \$0 0 \$0 0 Substance Use Disorder: Individual Assessment H0001 Encounter 0 0 \$0 \$0 \$0 0 Assessment H0002 Encounter 2,347 2,821 \$530,910 \$226 \$188 Substance Use Disorder: Laboratory H0003 0 0 \$0 \$0 \$0 Encounter 0 0 \$0 \$0 Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, H0004 15 Minutes 0 \$0 0 0915, 0916, 0919 \$0 0 0 \$0 \$0 Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, H0005 Encounter 0 0915, 0916, 0919 Substance Use Disorder: Case Management H0006 Encounter 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Sub-Acute Detoxification 1002 H0010 0 0 \$0 \$0 \$0 Days 0 \$0 Substance Use Disorder: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 \$0 0 Substance Use Disorder: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Outpatient Care 0906 H0015 Days 0 0 \$0 \$0 \$0 0 \$3,063 Crisis Residential Services H0018 Days 149 1,085 \$456,405 \$421 HF Substance Use Disorder: Residential 1002 H0018 Days 4 18 \$6,887 \$1,722 \$383 5 Substance Use Disorder: Residential 1002 H0019 HF Days 0 0 \$0 \$0 \$0 0 H0020 0 0 \$0 \$0 \$0 0 Substance Use Disorder: Methadone Encounter H0022 0 \$0 \$0 \$0 Substance Use Disorder: Early Intervention Encounter 0 0

Division of Quality Management and Planning

Persons with Developmental Disabilities

### SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Unit Service Category Cases Unit/Case HCPCS Code Modifier Cost Cost/Case Cost/Unit Revenue Code Units H0023 42 73 3.036 \$184,421 \$2,526 \$61 Peer Directed and Operated Support Services Encounter Substance Use Disorder: Recovery Support Services H0023 HF Encounter 6 0 \$0 \$0 \$0 0 Prevention Services - Direct Model H0025 28 190 \$33,717 \$1.204 \$177 7 Face to Face Contact Assessment H0031 14,784 18,354 \$5,620,422 \$380 \$306 Encounter U5 3,445 4.041 \$2,366,100 \$586 H0031 \$687 Assessment for Autism Encounter HW 7.813 8.134 \$504 Support Intensity Scale (SIS) Face-to-Face Assessment H0031 \$3,940,169 \$484 1 Treatment Planning H0032 Encounter 10.969 26.845 \$5,963,982 \$544 \$222 2 Monitoring of Treatment - Clinician H0032 TS \$5,271,355 \$1,134 4.649 24.244 \$217 Encounter 5 Substance Use Disorder: Pharmalogical Support - Suboxane H0033 Direct Observation 0 0 \$0 \$0 \$0 0 Encounter Health Services H0034 15 Minutes 58 299 \$67,650 \$1,166 \$226 5 Home Based Services H0036 15 Minutes 609 58,088 \$3,595,713 \$5,904 \$62 95 Home Based Services H0036 ST 15 Minutes 5 62 \$4,707 \$941 \$76 12 Peer Directed and Operated Support Services H0038 15 minutes 440 26,730 \$887,675 \$2,017 \$33 61 TJ Peer Directed and Operated Support Services H0038 15 Minutes 386 \$12,066 \$2,413 \$31 77 HF Substance Use Disorder: Recovery Support Services H0038 15 Minutes 0 0 \$0 \$0 0 Peer Directed and Operated Support Services NA 50 \$0 \$0 \$0 0 Assertive Community Treatment (ACT) H0039 15 Minutes 138 23,376 \$1,847,143 \$13,385 \$79 169 Community Living Supports in Independent living/own home H0043 4,983 1,251,525 \$224,729,375 \$45,099 \$180 251 Per diem Respite H0045 Days 1,181 15,224 \$2,474,685 \$2,095 \$163 13 Peer Directed and Operated Support Services H0046 Encounter 305 12,897 \$257,442 \$844 \$20 42 Substance Use Disorder: Laboratory H0048 0 \$0 \$0 \$0 Encounter 0 0 Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, H0050 15 Minutes 0 0 \$0 \$0 \$0 0 0915, 0916, 0919 Behavior Treatment Plan Review 4,934 \$866,301 \$399 2 H2000 Encounter 2.169 \$176 TS Behavior Treatment Plan Review - Monitoring Activities H2000 Encounter 1,691 8,440 \$1,368,184 \$809 \$162 5 Comprehensive Medication Services - EBP only H2010 0 15 minutes Crisis Intervention H2011 15 Minutes 868 6,498 \$782,245 \$901 \$120 7 HF Substance Use Disorder: Crisis Intervention, per 15 minutes H2011 15 Minutes 0 \$0 \$0 0 \$105,393,636 Skill-Building and Out of Home Non Vocational Habilitation H2014 15 minutes 10,830 29,403,464 \$9,732 \$4 2,715 Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 1.690 5.018.788 \$18,848,385 \$11.153 \$4 2,970 H2015 15,945 50,732,493 \$205,424,908 \$12,883 Community Living Supports (15 Minutes) 15 Minutes \$4 3.182 Community Living Supports (Daily) H2016 Per Diem 8,042 2,648,969 \$307,294,671 \$38,211 \$116 329 Behavior Services H2019 15 Minutes 38 5,732 \$80,239 \$2,112 \$14 151 H2019 TT 15 Minutes 2,974 \$73,615 \$2,831 Behavior Services 26 114

Division of Quality Management and Planning

### SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary				Unit						
Service Category	Revenue Code	HCPCS Code H2021	Modifier	Measure	Cases	Units	Cost \$595,055	Cost/Case	Cost/Unit \$92	Unit/Case 58
Wraparound				15 Minutes	111	6,463		\$5,361		
Supported Employment Services		H2023		15 minutes	4,418	4,522,747	\$29,223,562	\$6,615	\$6	1,024
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	339	477,870	\$2,746,019	\$8,100	\$6	1,410
Home Based Services		H2033		15 Minutes	6	242	\$21,943	\$3,657	\$91	40
Substance Use Disorder: Recovery Housing		H2034		Days	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Repair/Svc DME Non-Oxygen Equipment (Children's Waiv	ver)	K0739		15 Minutes	0	0	\$0	\$0	\$0	0
Telemedicine Facility Fee		Q3014	GT	Per Service	672	2,630	\$56,579	\$84	\$22	4
Transportation		S0209		Per Mile	387	267,583	\$132,414	\$342	\$0	691
Transportation		S0215		Per Mile	397	323,102	\$80,775	\$203	\$0	814
Substance Use Disorder: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	2	50	\$2,742	\$1,371	\$55	25
Family Training		S5111		Encounter	2,018	16,171	\$2,149,630	\$1,065	\$133	8
Family Training		S5111	HA	Encounter	36	184	\$31,475	\$874	\$171	5
Family Training		S5111	НМ	Encounter	205	2,369	\$492,267	\$2,401	\$208	12
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	171	466	\$103,733	\$607	\$223	3
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	4	528	\$160,943	\$40,236	\$305	132
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	654	8,948	\$911,580	\$1,394	\$102	14
Personal Emergency Response System (PERS)		S5160		Encounter	20	21	\$9,442	\$472	\$450	1
Personal Emergency Response System (PERS)		S5161		Month	283	2,704	\$3,117,357	\$11,015	\$1,153	10
Environmental Modification		S5165		Service	106	141	\$766,431	\$7,230	\$5,436	1
Enhanced Medical Equipment-Supplies		S5199		Items	162	348	\$54,465	\$336	\$157	2
Occupational or Physical Therapy		S8990		Encounter	55	453	\$54,115	\$984	\$119	8
Private Duty Nursing	0582	S9123		Hour	14	25,050	\$1,112,107	\$79,436	\$44	1,789
Private Duty Nursing		S9123		Hour	6	9,816	\$398,076	\$66,346	\$41	1,636
Private Duty Nursing		S9123	TT	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124		Hour	12	29,565	\$987,058	\$82,255	\$33	2,464
Private Duty Nursing		S9124		Hour	10	18,662	\$533,266	\$53,327	\$29	1,866
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Division of Quality Management and Planning

# SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary Service Category	Daniel Call	HCDCC C. 1.	M. Pe.	Unit	Corre		Cont	G + t/G - · ·	G	H-2/C
Private Duty Nursing	Revenue Code	HCPCS Code S9124	Modifier	Measure Hour	Cases 1	Units 699	Cost \$34,491	Cost/Case \$34,491	Cost/Unit \$49	Unit/Case 699
Health Services		S9445		Encounter	1,509	4,336	\$487,229	\$323	\$112	3
Health Services		S9446		Encounter	111	1,136	\$292,631	\$2,636	\$258	10
Health Services		S9470		Encounter	286	1,109	\$337,130	\$1,179	\$304	4
Prevention Services - Direct Model		S9482		15 minutes	67	2,747	\$152,180	\$2,271	\$55	41
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	96	522	\$217,087	\$2,261	\$416	5
Residential Room and Board		S9976		Days	332	94,202	\$1,948,608	\$5,869	\$21	284
Substance Use Disorder: Residential Room and Board		S9976	HF	Days	0	0	\$1,240,000	\$0	\$0	0
Private Duty Nursing		T1000	111	Up to 15 min	25	234,957	\$2,004,790	\$80,192	\$9	9,398
Private Duty Nursing		T1000	TD	Up to 15 min	28	179,653	\$1,745,959	\$62,356	\$10	6,416
Private Duty Nursing  Private Duty Nursing		T1000	TE	Up to 15 min	27	188,547	\$1,536,244	\$56,898	\$8	6,983
Assessment		T1000		Encounter	4,320	4,621	\$1,412,195	\$30,878	\$306	1
Health Services		T1002		Up to 15 min	2,959	25,975	\$2,976,461	\$1,006	\$115	9
-		T1002		15 Minutes	7,116	7,828,082	\$33,612,137	\$4,723	\$4	1,100
Respite Care		T1005	TD	15 Minutes	7,116	35,206	\$339,966	\$14,165	\$10	1,467
Respite Care			TE						\$8	
Respite Care		T1005	TT	15 Minutes	67	311,609	\$2,500,956	\$37,328		4,651
Respite Care (Children's Waiver & SED Waiver)		T1005	HF	15 minutes	424	328,956	\$881,728	\$2,080	\$3	776
Substance Use Disorder: Treatment Planning		T1007	ПЕ	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Child Sitting Services		T1009		Encounter			\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	2	5	\$817	\$408	\$163	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	36,101	1,116,810	\$103,126,662	\$2,857	\$92	31
Targeted Case Management		T1017		15 minutes	8,769	236,739	\$19,660,467	\$2,242	\$83	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	281	6,125	\$467,045	\$1,662	\$76	22
Personal Care in Licensed Specialized Residential Setting		T1020		Days	7,875	2,606,848	\$162,479,768	\$20,632	\$62	331
Assessments		T1023		Encounter	1,064	2,016	\$994,538	\$935	\$493	2
Prevention Services - Direct Model		T1027		15 Minutes	2	30	\$3,333	\$1,666	\$111	15
Enhanced Medical Supplies or Pharmacy		T1999		Items	777	9,635	\$428,577	\$552	\$44	12
Transportation		T2001		Encounter	3	880	\$10,780	\$3,593	\$12	293
Substance Use Disorder: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	4	558	\$14,670	\$3,667	\$26	140
Substance Use Disorder: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	205	57,027	\$468,747	\$2,287	\$8	278
Substance Use Disorder: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Persons with Developmental Disabilities

Statewide Summary

# SUB-ELEMENT COST REPORT: Fiscal Year 2017

State of Michigan QMPmeasures@michigan.gov

Statewide Summary		Unit								
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Use Disorder: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	1	225	\$14,209	\$14,209	\$63	225
Substance Use Disorder: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	472	419,484	\$5,990,951	\$12,693	\$14	889
Targeted Case Management (Children's Waiver)		T2023		Month	327	3,288	\$1,534,572	\$4,693	\$467	10
Prevention Services - Direct Model		T2024			1	4	\$216	\$216	\$54	4
Fiscal Intermediary Services		T2025		Month	8,090	81,651	\$7,810,960	\$966	\$96	10
Enhanced Medical Equipment-Supplies		T2028		Items	67	262	\$60,820	\$908	\$232	4
Enhanced Medical Equipment-Supplies		T2029		Items	119	307	\$75,041	\$631	\$244	3
Respite Care		T2036		Per session. One night = one session	568	4,956	\$482,699	\$850	\$97	9
Respite Care		T2037		Per session. One day/partial day = one session	250	4,203	\$146,013	\$584	\$35	17
Housing Assistance		T2038		Service	421	1,425	\$643,338	\$1,528	\$451	3
Enhanced Medical Equipment-Supplies		T2039		Items	10	12	\$127,287	\$12,729	\$10,607	1
Goods and Services		T5999	HK	Per Item	2	4	\$5,987	\$2,994	\$1,497	2

Per Item

0

0

0

0

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0

\$0

\$3,004

\$0

\$0

\$0

\$0

\$0

0

0

0

Unit

T5999

ALL

Wraparound Services

Aggregate for 'J' Codes

Other

Pharmacy (Drugs and Other Biologicals)