SECTION 904 (2)(c) Part 2 TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP FY 2016

Adults with Mental Illness (Adult MI)

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2016 MDHHS/CMHSP contract. Cost data were collected for the reporting period October 1, 2015 to September 30, 2016 and submitted to MDHHS by March 3, 2017. The data in this section represent the total costs associated with providing mental health services to adults with mental illness (adult MI) by service category for each of the 46 CMHSPs within the State of Michigan.

Definitions for terms found in this section are presented in Section 904 (3).

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	32	388	\$286,014	\$8,938	\$737	12
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	12	225	\$14,785	\$1,232	\$66	19
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	97	859	\$740,742	\$7,637	\$862	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	12	92	\$21,859	\$1,822	\$238	8
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	24	234	\$172,078	\$7,170	\$735	10
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	9	86	\$4,549	\$505	\$53	10
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$9,228	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901	·	,	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Allegan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	10	59	\$17,256	\$1,726	\$292	6
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	214	218	\$183,482	\$857	\$842	1
Assessment		90792		Encounter	134	134	\$112,782	\$842	\$842	1
Mental Health: Outpatient Care		90832		30 Minutes	136	437	\$48,944	\$360	\$112	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	244	1,552	\$262,465	\$1,076	\$169	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	223	1,348	\$317,571	\$1,424	\$236	6
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	14	25	\$4,325	\$309	\$173	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	33	378	\$116,802	\$3,539	\$309	11

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Allegan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	5	\$2,777	\$2,777	\$555	5
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	1	3	\$150	\$150	\$50	3
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92522		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92523		Encounter	1	1	\$196	\$196	\$196	1
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	5	\$805	\$161	\$161	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	48	585	\$33,345	\$695	\$57	12
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$106	\$106	\$106	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	5	\$300	\$300	\$60	5
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational of Physical Therapy		97533		15 Minutes	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
- 		97535		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Occupational or Physical Therapy		97537			0	0	\$0 \$0	\$0 \$0	\$0	0
Occupational or Physical Therapy				15 Minutes		0	\$0 \$0	\$0 \$0		
Occupational or Physical Therapy		97542		15 Minutes	0		•		\$0	0
Occupational or Physical Therapy		97750		15 Minutes		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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	2	8	\$632	\$316	\$79	4
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	5	7	\$1,288	\$258	\$184	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	427	1,467	\$253,826	\$594	\$173	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	39	47	\$18,612	\$477	\$396	1
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	64	67	\$26,398	\$412	\$394	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$40	\$20	\$20	1
Additional Codes-Physician Services		99222		50 Minutes	13	14	\$913	\$70	\$65	1
Additional Codes-Physician Services		99223		70 Minutes	17	17	\$1,327	\$78	\$78	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Allegan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	18	73	\$2,674	\$149	\$37	4
Additional Codes-Physician Services		99232		25 minutes	29	140	\$7,120	\$246	\$51	5
Additional Codes-Physician Services		99233		35 Minutes	25	60	\$3,212	\$128	\$54	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	2	3	\$179	\$90	\$60	2
Assessment		99335		Encounter	2	3	\$255	\$128	\$85	2
Assessment		99336		Encounter	1	1	\$175	\$175	\$175	1
Assessment		99337		Encounter	2	4	\$760	\$380	\$190	2
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Allegan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	4	199	\$2,204	\$551	\$11	50
Additional Codes-Transportation		A0427		Refer to code descriptions.	7	7	\$4,435	\$634	\$634	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$262	\$131	\$131	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	53	249	\$98,942	\$1,867	\$397	5
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Allegan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	200	209	\$64,372	\$322	\$308	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		2	2	\$616	\$308	\$308	1
Treatment Planning		H0032		Encounter	240	295	\$67,555	\$281	\$229	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	157	194	\$44,426	\$283	\$229	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	11	\$677	\$339	\$62	6
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	14	331	\$31,445	\$2,246	\$95	24
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	117	9,541	\$634,215	\$5,421	\$66	82
Community Living Supports in Independent living/own home		H0043		Per diem	5	1,417	\$218,572	\$43,714	\$154	283
Respite		H0045		Days	1	2	\$100	\$100	\$50	2
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	7	30	\$4,590	\$656	\$153	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	61	\$9,333	\$1,167	\$153	8
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	36	108	\$7,992	\$222	\$74	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	33	8,260	\$64,534	\$1,956	\$8	250
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	43	65,380	\$231,111	\$5,375	\$4	1,520
Community Living Supports (Daily)		H2016		Per Diem	44	12,677	\$1,447,864	\$32,906	\$114	288
Behavior Services		H2019		15 Minutes	11	502	\$25,027	\$2,275	\$50	46
Behavior Services		H2019	TT	15 Minutes	11	1,207	\$60,174	\$5,470	\$50	110
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	66	5,120	\$360,360	\$5,460	\$70	78
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Allegan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	1	1	\$95	\$95	\$95	1
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	5	5	\$635	\$127	\$127	1
Health Services		T1002		Up to 15 min	5	22	\$1,760	\$352	\$80	4
Respite Care		T1005		15 Minutes	1	19	\$74	\$74	\$4	19
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Allegan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	193	4,763	\$474,914	\$2,461	\$100	25
Targeted Case Management		T1017		15 minutes	147	3,736	\$361,556	\$2,460	\$97	25
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	30	644	\$62,324	\$2,077	\$97	21
Personal Care in Licensed Specialized Residential Setting		T1020		Days	44	12,704	\$267,953	\$6,090	\$21	289
Assessments		T1023		Encounter	185	234	\$41,652	\$225	\$178	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	14	114	\$13,375	\$955	\$117	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	5	\$762	\$762	\$152	5
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					956		\$7,271,879			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

AuSable Valley	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category		1101 05 000								
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	12	91	\$54,810	\$4,568	\$602	8
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	72	242	\$255,380	\$3,547	\$1,055	3
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	104	104	\$45,195	\$435	\$435	1
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

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AuSable Valley		wanaa a .		Unit		** .		aa		**
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	9	9	\$4,116	\$457	\$457	1
Assessment		90792		Encounter	187	187	\$67,758	\$362	\$362	1
Mental Health: Outpatient Care		90832		30 Minutes	280	447	\$38,508	\$138	\$86	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	445	1,070	\$149,324	\$336	\$140	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	480	1,635	\$385,272	\$803	\$236	3
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	4	9	\$1,340	\$335	\$149	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	7	7	\$1,057	\$151	\$151	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy	* *	90853		Encounter	70	502	\$29,862	\$427	\$59	7

Adults with Mental Illness

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AuSable Valley				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	3	\$1,218	\$406	\$406	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

AuSable Valley	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Trevenue code		- Iviouniei							
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	121	121	\$13,557	\$112	\$112	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1	1	\$18	\$18	\$18	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	22	206	\$4,749	\$216	\$23	9
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	546	2,060	\$245,016	\$449	\$119	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	9	16	\$2,161	\$240	\$135	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	4	4	\$374	\$94	\$94	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$128	\$128	\$128	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

AuSable Valley		wanaa a .		Unit		** .				***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	13	52	\$2,124	\$163	\$41	4
Additional Codes-Physician Services		99232		25 minutes	6	9	\$550	\$92	\$61	2
Additional Codes-Physician Services		99233		35 Minutes	1	2	\$245	\$245	\$122	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0 \$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0 \$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0 \$0	\$0	0
		A0100			0	0	\$0	\$0 \$0	\$0	0
Substance Abuse: Transportation				Per one-way trip	0	0	\$0	\$0 \$0	\$0	0
Transportation		A0110 A0110	HF	Per one-way trip	0	0	\$0	\$0 \$0	\$0	0
Substance Abuse: Transportation		A0110 A0120	ПГ	Per one-way trip	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Transportation				Per one-way trip						
Transportation		A0130		Per one-way trip	0	0	\$0 \$0	\$0	\$0	0
Transportation		A0140		Per one-way trip	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Transportation		A0170 A0425		Per Mile	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Additional Codes-Transportation							\$0		\$0 \$0	
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	43	44	\$3,813	\$89	\$87	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	36	125	\$32,998	\$917	\$264	3
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	816	816	\$197,381	\$242	\$242	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$197,381	\$0	\$242	0
Treatment Planning		H0031	1100	Encounter	268	268	\$18,759	\$70	\$70	1
_ 		H0032	TS		268	268	\$18,759	\$70	\$70	1
Monitoring of Treatment - Clinician			15	Encounter						
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	25	517	\$25,328	\$1,013	\$49	21
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	120	5,196	\$301,355	\$2,511	\$58	43
Community Living Supports in Independent living/own home		H0043		Per diem	18	31,390	\$5,010,398	\$278,355	\$160	1,744
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	363	1,957	\$91,167	\$251	\$47	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	95	5,095	\$28,026	\$295	\$6	54
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	147	5,701	\$38,548	\$262	\$7	39
Community Living Supports (Daily)		H2016		Per Diem	29	3,298	\$640,239	\$22,077	\$194	114
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	82	3,822	\$59,894	\$730	\$16	47
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

AuSable Valley				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	24	39	\$6,451	\$269	\$165	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	3	3	\$248	\$83	\$83	1
Health Services		T1002		Up to 15 min	25	340	\$7,329	\$293	\$22	14
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

AuSable Valley				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	8	60	\$4,430	\$554	\$74	8
Targeted Case Management		T1017		15 minutes	342	7,722	\$591,517	\$1,730	\$77	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	27	3,283	\$148,991	\$5,518	\$45	122
Assessments		T1023		Encounter	88	3,283	\$148,991	\$1,693	\$45	37
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					7,015		\$8,677,381			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Barry	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category		Tieres code								
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	34	285	\$256,416	\$7,542	\$900	8
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	3	14	\$10,511	\$3,504	\$751	5
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	28	197	\$144,998	\$5,178	\$736	7
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	17	137	\$105,506	\$6,206	\$770	8
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Barry				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	6	\$2,446	\$2,446	\$408	6
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	32	33	\$10,339	\$323	\$313	1
Assessment		90792		Encounter	52	52	\$34,176	\$657	\$657	1
Mental Health: Outpatient Care		90832		30 Minutes	210	335	\$39,361	\$187	\$117	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	79	121	\$14,516	\$184	\$120	2
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	515	2,179	\$482,011	\$936	\$221	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	120	411	\$98,374	\$820	\$239	3
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	316	894	\$294,191	\$931	\$329	3
Substance abuse: Outpatient Care		90837	HF	60 Minutes	96	213	\$76,823	\$800	\$361	2
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	13	27	\$6,912	\$532	\$256	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	_	Encounter	1	1	\$240	\$240	\$240	1
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	143	1,078	\$124,704	\$872	\$116	8

Adults with Mental Illness

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Barry				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	78	624	\$73,289	\$940	\$117	8
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	\$238	\$238	\$238	1
Psychological Testing by Technician		96102		Per Hour	6	17	\$4,088	\$681	\$240	3
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	15	177	\$9,392	\$626	\$53	12
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Barry Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational of Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Occupational of Physical Therapy		97537		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Occupational of Physical Therapy		97750		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Occupational Therapy Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0 \$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0		\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	19	22	\$1,977	\$104	\$90	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$51	\$51	\$51	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	5	13	\$1,394	\$279	\$107	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	218	570	\$178,780	\$820	\$314	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	5	5	\$1,592	\$318	\$318	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$190	\$95	\$95	1
Additional Codes-Physician Services		99223		70 Minutes	2	3	\$285	\$142	\$95	2
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Barry	Revenue Code	HCPCS Code	Modifier	Unit		Units	0	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Wodiffer	Measure	Cases		Cost			
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	4	6	\$483	\$121	\$80	2
Additional Codes-Physician Services		99232		25 minutes	6	14	\$1,180	\$197	\$84	2
Additional Codes-Physician Services		99233		35 Minutes	6	18	\$1,628	\$271	\$90	3
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Barry		wanaa a .		Unit		** .				***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	131	138	\$50,278	\$384	\$364	1
Assessment		H0002		Encounter	21	22	\$4,137	\$197	\$188	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	51	561	\$477,593	\$9,365	\$851	11
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Selection African Selection 1000 10 10 10 10 10 10	Barry Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Selbatane About Early Intervention 19021 Encourage 9 31 \$3.882 \$4.11 \$3.11 \$1.00 \$			H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer District and Operated Support Services 10021	_										4
Substance Recovery Support Services 18022 187						24					53
Present Present Meritable 1903 Present Present Centaria 0 0 9 90 90 90 90 90				HF							0
Support Intenting Sealer (SISS) Face-so-Pace Assessment H001	Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Treatment Planning Monitoring of Treatment Clinician Monitoring of Monitoring Clinician Monitoring of Monitoring Clinician Monitoring of Treatment Clinician Monitoring of Monitoring Clinician Monitoring of Monitoring Clinician Monitoring of Treatment Clinician Monitoring of Treatment Clinician Monitoring of Treatment Clinician Monitoring Clinician Monitoring of Monitoring Clinician Monitoring Clinician Monitoring of Monitoring Clinician Monitoring Clinicia	Assessment		H0031		Encounter	499	517	\$156,918	\$314	\$304	1
Maniforting of Treatment - Clinician	Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Part	Treatment Planning		H0032		Encounter	372	379	\$104,875	\$282	\$277	1
Health Services H0054 15 Minutes 0 0 50 50 50 50	Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Home Based Services	Substance Abuse: Pharmalogical Support - Suboxane		H0033			0	0	\$0	\$0	\$0	0
House Based Services	Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services	Home Based Services		H0036		15 Minutes	2	57	\$4,401	\$2,200	\$77	29
Peer Directed and Operated Support Services	Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services H0038 HF 15 Minutes 13 364 \$8.833 \$679 \$324	Peer Directed and Operated Support Services		H0038		15 minutes	21	484	\$11,744	\$559	\$24	23
Peer Directed and Operated Support Services	Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)	Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	13	364	\$8,833	\$679	\$24	28
Community Living Supports in Independent iiving/own home	Peer Directed and Operated Support Services		NA			0	0	\$54,101	\$0	\$0	0
Respite H0045 Days 0 0 0 50 50 50 50 50	Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services	Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 1000, 0000,0006,0914, 0915,0916,0919 H0008 Encounter 0 0 \$0 <td>Respite</td> <td></td> <td>H0045</td> <td></td> <td>Days</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H2000 Encounter 0 0 S0 S0 S0 S0 S0 S0	Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review A M2000 TS Encounter 11 29 \$6,141 \$558 \$21	Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities H2000 TS Encounter 11 29 \$6,141 \$558 \$212 Comprehensive Medication Services - EBP only H2010 15 minutes 0 0 \$0<	Substance Abuse: Outpatient Treatment		H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only H2010 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention H2011 15 Minutes 91 507 \$50,609 \$556 \$100 Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 50 \$0 \$0 Skill-Building and Out of Home Non Vocational Habilitation H2014 HK 15 minutes 1 5,436 \$27,465 \$27,465 \$5 5,00 Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0	Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	11	29	\$6,141	\$558	\$212	3
Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 \$0 \$0 \$0 Skill-Building and Out of Home Non Vocational Habilitation H2014 HK 15 minutes 1 5,436 \$27,465 \$27,465 \$5 5, Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$	Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation H2014 HK 15 minutes 1 5,436 \$27,465 \$27,465 \$5 5,000 50 50 50 50 50 50	Crisis Intervention		H2011		15 Minutes	91	507	\$50,609	\$556	\$100	6
Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 50 \$0 \$0 Community Living Supports (15 Minutes) H2015 15 Minutes 14 1,752 \$47,316 \$3,380 \$27 Community Living Supports (Daily) H2016 Per Diem 11 3,920 \$471,156 \$42,832 \$120 Behavior Services H2019 TT 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Wraparound H2021 TS Minutes 0 0 \$0 </td <td>Substance Abuse: Crisis Intervention, per 15 minutes</td> <td></td> <td>H2011</td> <td>HF</td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes) H2015 15 Minutes 14 1,752 \$47,316 \$3,380 \$27 Community Living Supports (Daily) H2016 Per Diem 11 3,920 \$471,156 \$42,832 \$120 Behavior Services H2019 TT 15 Minutes 0 0 \$0 <td>Skill-Building and Out of Home Non Vocational Habilitation</td> <td></td> <td>H2014</td> <td></td> <td>15 minutes</td> <td>1</td> <td>5,436</td> <td>\$27,465</td> <td>\$27,465</td> <td>\$5</td> <td>5,436</td>	Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	5,436	\$27,465	\$27,465	\$5	5,436
Community Living Supports (Daily) H2016 Per Diem 11 3,920 \$471,156 \$42,832 \$120 Behavior Services H2019 15 Minutes 0 0 50 \$0 \$0 Behavior Services H2019 TT 15 Minutes 0 0 \$0 \$0 \$0 \$0 Wraparound H2021 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Wraparound (SED Waiver) H2022 Days 0 0 \$0 \$0 \$0 \$0 \$0 Wraparound (SED Waiver) H2022 TT Days 0 0 \$0 \$0 \$0 \$0 Supported Employment Services H2023 15 minutes 0 0 50 \$0 \$0 \$0	Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services H2019 15 Minutes 0 0 50 \$0 \$0 Behavior Services H2019 TT 15 Minutes 0 0 \$0	Community Living Supports (15 Minutes)		H2015		15 Minutes	14	1,752	\$47,316	\$3,380	\$27	125
Behavior Services H2019 TT 15 Minutes 0 0 50 \$0 \$0 Wraparound H2021 15 Minutes 0 0 50 \$0 \$0 Wraparound (SED Waiver) H2022 Days 0 0 \$0 \$0 \$0 \$0 \$0 Wraparound (SED Waiver) H2023 TT Days 0 0 \$0 \$0 \$0 \$0 \$0 Supported Employment Services H2023 15 minutes 0 0 50 \$0 \$0 \$0	Community Living Supports (Daily)		H2016		Per Diem	11	3,920	\$471,156	\$42,832	\$120	356
Wraparound H2021 15 Minutes 0 0 50 \$0 \$0 Wraparound (SED Waiver) H2022 Days 0 0 \$0<	Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver) H2022 Days 0 0 \$0 <th< td=""><td>Behavior Services</td><td></td><td>H2019</td><td>TT</td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver) H2022 TT Days 0 0 50 \$0 \$0 Supported Employment Services H2023 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0	Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services H2023 15 minutes 0 0 \$0 \$0 \$0 \$0	Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
	Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Mental Health Therapy H2027 15 Minutes 0 0 \$0 \$0 \$0 \$0	Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
	Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

1800 1800	Barry Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Page											0
15 Minutes Above 1903, 990, 9914 1903 15 Minutes Above 1904, 990, 9914 1903 180 190			112027		To Trimates					Ψ0	
Sebasson Companies Circ 9000, 9000, 904, 1 12015 PF Per Diene 9 9 9 90 90 90 90 90	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Part	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Per Mile 0	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Personante Per	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
September Sept	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Samply Training	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Semily Training	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Smily Training	Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Semily Training	Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Second S	Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Signate Care	Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
Select Care	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Respite	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Per Diem Despite S5151	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161 Month 0 0 0 S0 S0 S0 S0 S0	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Service O O SO SO SO SO SO SO	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Simple S	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Septe Care Care Care Care Care Care Care Car	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Health Services S9445 Encounter 87 126 \$13,200 \$152 \$105 \$164 \$15 \$105	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Health Services S946 Encounter 3 37 S838 S279 S23 Health Services S9470 Encounter 0 0 0 S0 S0 S0 Prevention Services - Direct Model S9482 15 minutes 0 0 S0 S0 S0 Intensive Crisis Stabilization-Enrolled Program S9484 Hour 2 2 S602 S301 S301 Residential Room and Board S9976 Days 0 0 S0 S0 S0 Private Duty Nursing T1000 Up to 15 min 0 0 S0 S0 S0 Private Duty Nursing T1000 TE Up to 15 min 0 0 S0 S0 S0 Private Duty Nursing T1000 TE Up to 15 min 0 0 S0 S0 S0 Private Duty Nursing T1000 TE Up to 15 min 0 0 S0 S0 S0 Respite Care T1005 TD S Minutes 0 0 S0 S0 S0 Respite Care T1005 TD S Minutes 0 0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 S0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 S0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 S0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 S0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 S0 S0 S0 S0 S0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 S0 S0 S0 S0 S0 S0 S0	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Feath Services S9470 Encounter 0 0 0 50 50 50 50 50 50	Health Services		S9445		Encounter	87	126	\$13,200	\$152	\$105	1
Prevention Services - Direct Model S9482 15 minutes 0 0 \$0	Health Services		S9446		Encounter	3	37	\$838	\$279	\$23	12
Systam S	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Paris Pari	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board S9976 HF Days 0 0 50 \$0 \$0 Private Duty Nursing T1000 TD Up to 15 min 0 0 50 \$0 \$0 Private Duty Nursing T1000 TE Up to 15 min 0 0 \$0 \$0 \$0 \$0 Private Duty Nursing T1001 TE Up to 15 min 0 0 \$0 \$0 \$0 \$0 Assessment T1001 Encounter 2 2 \$212 \$106 \$106 Health Services T1002 Up to 15 min 68 78 \$2,753 \$40 \$35 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	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	2	2	\$602	\$301	\$301	1
Private Duty Nursing T1000 Up to 15 min 0 0 \$0	Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 \$106 \$106	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment T1001 Encounter 2 2 \$212 \$106 \$106 Health Services T1002 Up to 15 min 68 78 \$2,753 \$40 \$35 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 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 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 0 0 0 Respite Care (Children's Waiver & SED W	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 68 78 \$2,753 \$40 \$35 Respite Care T1005 15 Minutes 0 0 \$0	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 0 0 \$0 </td <td>Assessment</td> <td></td> <td>T1001</td> <td></td> <td>Encounter</td> <td>2</td> <td>2</td> <td>\$212</td> <td>\$106</td> <td>\$106</td> <td>1</td>	Assessment		T1001		Encounter	2	2	\$212	\$106	\$106	1
Respite Care T1005 TD 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>68</td> <td>78</td> <td>\$2,753</td> <td>\$40</td> <td>\$35</td> <td>1</td>	Health Services		T1002		Up to 15 min	68	78	\$2,753	\$40	\$35	1
Respite Care T1005 TE 15 Minutes 0 0 \$0 </td <td>Respite Care</td> <td></td> <td>T1005</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Respite Care		T1005		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 \$0	Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0 \$0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Barry				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	35	592	\$125,332	\$3,581	\$212	17
Targeted Case Management		T1017		15 minutes	46	777	\$164,208	\$3,570	\$211	17
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	16	\$2,435	\$609	\$152	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	3,920	\$347,404	\$31,582	\$89	356
Assessments		T1023		Encounter	63	77	\$38,690	\$614	\$502	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,015		\$4,252,228			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Bay-Arenac				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	13	152	\$106,981	\$8,229	\$704	12
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	8	60	\$4,851	\$606	\$81	8
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	104	792	\$616,430	\$5,927	\$778	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	22	201	\$29,818	\$1,355	\$148	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	258	1,984	\$1,329,280	\$5,152	\$670	8
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	38	282	\$23,053	\$607	\$82	7
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$137,077	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Bay-Arenac	Revenue Code	HCPCS Code	Modifier	Unit	0	Units	G :	Cost/Case	Cost/Unit	Unit/Case
Service Category		HCPCS Code	Modifier	Measure	Cases		Cost			
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	618	622	\$276,487	\$447	\$445	1
Assessment		90792		Encounter	10	10	\$1,217	\$122	\$122	1
Mental Health: Outpatient Care		90832		30 Minutes	431	804	\$49,238	\$114	\$61	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1,463	11,387	\$737,464	\$504	\$65	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	603	3,330	\$785,915	\$1,303	\$236	6
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	2	2	\$296	\$148	\$148	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	1	1	\$35	\$35	\$35	1
Therapy-Family Therapy		90846		Encounter	1	1	\$75	\$75	\$75	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	15	31	\$1,741	\$116	\$56	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	93	678	\$31,804	\$342	\$47	7

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Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	7	\$6,319	\$6,319	\$903	7
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	9	\$539	\$180	\$60	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	175	1,525	\$68,168	\$390	\$45	9
Physical Therapy		97001		Encounter	5	5	\$1,926	\$385	\$385	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

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Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0 \$0	\$0	\$0	0
Occupational or Physical Therapy Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0 \$0	\$0	\$0 \$0	0
- 		97537			0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Occupational or Physical Therapy				15 Minutes	0	0	\$0 \$0	\$0 \$0		
Occupational or Physical Therapy		97750		15 Minutes					\$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	27	140	\$3,717	\$138	\$27	5
Assessment or Health Services		97803		15 Minutes	9	56	\$1,391	\$155	\$25	6
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	6	6	\$511	\$85	\$85	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	2	2	\$408	\$204	\$204	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	238	318	\$17,933	\$75	\$56	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	465	727	\$76,684	\$165	\$105	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,807	5,394	\$548,068	\$303	\$102	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	711	1,135	\$216,403	\$304	\$191	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	64	84	\$22,820	\$357	\$272	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	19	859	\$850	\$45	\$1	45
Additional Codes-Physician Services		99222		50 Minutes	484	62,161	\$61,537	\$127	\$1	128
Additional Codes-Physician Services		99223		70 Minutes	3	250	\$247	\$82	\$1	83
Additional Codes-Physician Services		99224		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	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	328	1,728	\$78,755	\$240	\$46	5
Additional Codes-Physician Services		99232		25 minutes	241	827	\$49,880	\$207	\$60	3
Additional Codes-Physician Services		99233		35 Minutes	50	58	\$3,928	\$79	\$68	1
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

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Bay-Arenac	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Tte venue code		Widelie							
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	2	88	\$394	\$197	\$4	44
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	278	280	\$26,733	\$96	\$95	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	40	156	\$49,814	\$1,245	\$319	4
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Bay-Arenac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,094	1,184	\$265,145	\$242	\$224	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		2	2	\$700	\$350	\$350	1
Treatment Planning		H0032		Encounter	1,394	1,510	\$205,243	\$147	\$136	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	30	93	\$9,125	\$304	\$98	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	35	\$2,672	\$2,672	\$76	35
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	70	6,291	\$55,050	\$786	\$9	90
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	79	11,177	\$1,145,473	\$14,500	\$102	141
Community Living Supports in Independent living/own home		H0043		Per diem	33	6,758	\$699,655	\$21,202	\$104	205
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	10	24	\$2,083	\$208	\$87	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	15	101	\$10,828	\$722	\$107	7
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	225	807	\$38,822	\$173	\$48	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	82	114,059	\$311,120	\$3,794	\$3	1,391
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	1	4,308	\$10,648	\$10,648	\$2	4,308
Community Living Supports (15 Minutes)		H2015		15 Minutes	83	96,318	\$384,261	\$4,630	\$4	1,160
Community Living Supports (Daily)		H2016		Per Diem	63	17,183	\$1,526,011	\$24,222	\$89	273
Behavior Services		H2019		15 Minutes	15	727	\$74,667	\$4,978	\$103	48
Behavior Services		H2019	TT	15 Minutes	11	867	\$19,575	\$1,780	\$23	79
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	110	40,811	\$231,147	\$2,101	\$6	371
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

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Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	120	77,482	\$237,369	\$1,978	\$3	646
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	1	10	\$445	\$445	\$44	10
Personal Emergency Response System (PERS)		S5160		Encounter	2	2	\$203	\$102	\$102	1
Personal Emergency Response System (PERS)		S5161		Month	2	11	\$304	\$152	\$28	6
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	1	1	\$269	\$269	\$269	1
Health Services		S9446		Encounter	7	21	\$1,883	\$269	\$90	3
Health Services		S9470		Encounter	16	33	\$1,605	\$100	\$49	2
Prevention Services - Direct Model		S9482		15 minutes	40	2,441	\$201,632	\$5,041	\$83	61
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	658	664	\$167,076	\$254	\$252	1
Health Services		T1002		Up to 15 min	82	560	\$70,480	\$860	\$126	7
Respite Care		T1005		15 Minutes	2	552	\$1,131	\$565	\$2	276
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Bay-Arenac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	436	9,022	\$661,508	\$1,517	\$73	21
Targeted Case Management		T1017		15 minutes	931	21,112	\$1,313,747	\$1,411	\$62	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	9	155	\$13,035	\$1,448	\$84	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	63	17,181	\$677,157	\$10,749	\$39	273
Assessments		T1023		Encounter	572	735	\$357,433	\$625	\$486	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	26	219	\$5,545	\$213	\$25	8
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	11	73	\$8,517	\$774	\$117	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					51	0	\$2,033	\$40	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					3,477		\$14,082,386			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Berrien Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	19	247	\$191,888	\$10,099	\$777	13
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	5	34	\$30,684	\$6,137	\$902	7
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	6	39	\$32,342	\$5,390	\$829	7
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	169	1,390	\$1,205,060	\$7,131	\$867	8
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901	,	,	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Berrien				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	7	\$2,921	\$2,921	\$417	7
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	87	87	\$28,454	\$327	\$327	1
Assessment		90792		Encounter	175	178	\$57,619	\$329	\$324	1
Mental Health: Outpatient Care		90832		30 Minutes	272	524	\$63,438	\$233	\$121	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	76	99	\$12,311	\$162	\$124	1
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	614	1,926	\$294,132	\$479	\$153	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	118	198	\$30,355	\$257	\$153	2
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	583	2,170	\$397,623	\$682	\$183	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	231	1,001	\$190,956	\$827	\$191	4
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	148	935	\$91,867	\$621	\$98	6

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Berrien				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	20	80	\$9,387	\$469	\$117	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	5	7	\$2,195	\$439	\$314	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	12	\$9,435	\$1,179	\$786	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	155	1,525	\$91,394	\$590	\$60	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	3	3	\$527	\$176	\$176	1
Occupational Therapy		97004		Encounter	2	2	\$352	\$176	\$176	1
Occupational or Physical Therapy		97110		15 Minutes	7	90	\$1,610	\$230	\$18	13
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	11	\$199	\$199	\$18	11

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Berrien	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	revenue code		Woulder							
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	3	\$54	\$54	\$18	3
Occupational or Physical Therapy		97535		15 Minutes	2	23	\$416	\$208	\$18	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
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	8	\$409	\$409	\$51	8
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$154	\$154	\$154	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$260	\$260	\$260	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1	1	\$585	\$585	\$585	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	38	40	\$2,748	\$72	\$69	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	712	1,973	\$238,139	\$334	\$121	3
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	782	2,113	\$360,503	\$461	\$171	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	1	1	\$64	\$64	\$64	1
Established Patient Evaluation and Management		99214		Encounter	33	38	\$8,178	\$248	\$215	1
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	3	3	\$912	\$304	\$304	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	7	7	\$630	\$90	\$90	1
Additional Codes-Physician Services		99222		50 Minutes	4	4	\$367	\$92	\$92	1
Additional Codes-Physician Services		99223		70 Minutes	6	6	\$554	\$92	\$92	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Series S	Berrien				Unit						
Mathematicales Projetium Services	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Melitered Code-Proteins Services 9211 15 Menures 8 9 56.6 59 37 1.1	Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Mathemato Close Physician Services 9212 25 minutes 16 37 33.12 329 390 22 22 22 23 24 24 24 24	Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Color-Physician Services 9235 18 Minutes 15 30 12,71 1878 1890 20,000 1800	Additional Codes-Physician Services		99231		15 Minutes	8	9	\$636	\$80	\$71	1
Position Consultations Position Positi	Additional Codes-Physician Services		99232		25 minutes	16	37	\$3,312	\$207	\$90	2
Part 15 Minure 15 Minure	Additional Codes-Physician Services		99233		35 Minutes	15	30	\$2,671	\$178	\$89	2
Manufactor Man	Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Secure Abuse Now or Established Patient Evaluation and Manuface 9924 14 90 Minutes 0 0 0 15 15 15 10 10			99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Many	Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Selbenace Absonce New or Bathkilshede Patients Evaluation and Miningersont			99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Manuseman	Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Section Process Proc			99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Management	Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Solistance Abuse: New or Established Patient Evaluation and Management 992.5 HF 80 Minutes 0 0 50 <td></td> <td></td> <td>99244</td> <td>HF</td> <td>60 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>			99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Management Physician Consultations 99251 20 Minutes 0 0 80 80 80 80 0 0 10 1	Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations 99252			99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations 99253 55 Minutes 0 0 50 50 50 50 0	Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations 99254 80 Minutes 0 0 50 50 50 0 0	Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations 99255 110 Minutes 0 0 50 50 50 0 0	Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management 99304 25 minutes 0 0 SO SO SO O Nursing Facility Services evaluation and management 99305 35 Minutes 0 0 SO SO SO O Nursing Facility Services evaluation and management 99306 45 Minutes 0 0 SO SO SO SO O Nursing Facility Services evaluation and management 99307 10 Minutes 0 0 SO SO SO SO O Nursing Facility Services evaluation and management 99308 15 Minutes 0 0 SO SO SO O Nursing Facility Services evaluation and management 99309 25 minutes 0 0 SO SO SO SO O Nursing Facility Services evaluation and management 99310 35 Minutes 0 0 SO	Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management 99305 35 Minutes 0 0 \$0 <td>Physician Consultations</td> <td></td> <td>99255</td> <td></td> <td>110 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Physician Consultations		99255		110 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management 99306 45 Minutes 0 0 80 80 80 90 Nursing Facility Services evaluation and management 99307 10 Minutes 0 0 80 80 80 90 Nursing Facility Services evaluation and management 99308 15 Minutes 0 0 50 50 50 50 90 Nursing Facility Services evaluation and management 99309 25 minutes 0 0 50	Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management 99307 10 Minutes 0 0 \$0 <td>Nursing Facility Services evaluation and management</td> <td></td> <td>99305</td> <td></td> <td>35 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management 99308 15 Minutes 0 0 50 50 50 0 Nursing Facility Services evaluation and management 99309 25 minutes 0 0 50 50 50 0 Nursing Facility Services evaluation and management 99310 35 Minutes 0 0 50 50 50 0 Assessment 99324 Encounter 0 0 50 50 50 0 Assessment 99325 Encounter 0 0 50 50 50 0 Assessment 99326 Encounter 0 0 50 50 50 0 Assessment 99327 Encounter 0 0 50 50 50 0 Assessment 99334 Encounter 0 0 50 50 50 0 Assessment 99335 Encounter 0 0 50 50 50 0	Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management 99309 25 minutes 0 0 50 50 50 0 Nursing Facility Services evaluation and management 99310 35 Minutes 0 0 50 50 50 50 0 Assessment 99324 Encounter 0 0 50	Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management 99310 35 Minutes 0 0 \$0 <td>Nursing Facility Services evaluation and management</td> <td></td> <td>99308</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment 99324 Encounter 0 0 \$0	Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	0
Assessment 99325 Encounter 0 0 \$0	Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	0
Assessment 99326 Encounter 0 0 \$0	Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment 99327 Encounter 0 0 \$0	Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment 99328 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$30 \$30 \$30 \$1 Assessment 99335 Encounter 0 0 \$0	Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment 99334 Encounter 1 1 \$30 \$30 \$30 \$30 \$1 Assessment 99335 Encounter 0 0 \$0	Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment 99335 Encounter 0 0 \$0	Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment 99336 Encounter 0 0 \$0	Assessment		99334		Encounter	1	1	\$30	\$30	\$30	1
Assessment 99337 Encounter 0 0 \$0	Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
	Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment 99341 Encounter 0 0 \$0 \$0 \$0 \$0 0	Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
	Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Berrien				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	378	383	\$95,165	\$252	\$248	1
Assessment		H0002		Encounter	89	89	\$14,301	\$161	\$161	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	233	4,920	\$102,226	\$439	\$21	21
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	51	427	\$17,592	\$345	\$41	8
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	98	1,847	\$219,001	\$2,235	\$119	19
Crisis Residential Services		H0018		Days	4	28	\$12,450	\$3,112	\$445	7
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Berrien Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	39	453	\$22,379	\$574	\$49	12
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	10	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	988	1,035	\$251,310	\$254	\$243	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$251,510	\$234	\$243	0
Treatment Planning		H0032	1100	Encounter	10	10	\$2,456	\$246	\$246	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$2,430	\$0	\$240	0
		H0032	13	Direct Observation	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	20	20	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	5	\$438	\$219	\$88	3
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	48	5,523	\$73,443	\$1,530	\$13	115
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	73	2,709	\$36,023	\$493	\$13	37
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	52	6,897	\$657,280	\$12,640	\$95	133
Community Living Supports in Independent living/own home		H0043		Per diem	30	7,299	\$1,254,798	\$41,827	\$172	243
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	25	214	\$19,209	\$768	\$90	9
Behavior Treatment Plan Review		H2000		Encounter	12	52	\$11,786	\$982	\$227	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	15	\$4,897	\$612	\$326	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	21	69	\$2,906	\$138	\$42	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	96	83,909	\$425,964	\$4,437	\$5	874
Community Living Supports (Daily)		H2016		Per Diem	102	26,348	\$2,602,951	\$25,519	\$99	258
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	56	18,362	\$226,484	\$4,044	\$12	328
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Berrien				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	8	\$1,861	\$1,861	\$233	8
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	2	3	\$1,375	\$688	\$458	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	4	27	\$6,030	\$1,508	\$223	7
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	2	20	\$1,947	\$974	\$97	10
Respite Care		T1005		15 Minutes	5	6,529	\$17,079	\$3,416	\$3	1,306
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Berrien				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	117	4,494	\$710,799	\$6,075	\$158	38
Targeted Case Management		T1017		15 minutes	242	9,110	\$817,528	\$3,378	\$90	38
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	36	\$3,231	\$808	\$90	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	102	26,359	\$1,877,952	\$18,411	\$71	258
Assessments		T1023		Encounter	497	714	\$269,773	\$543	\$378	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	10	142	\$17,383	\$1,738	\$122	14
Enhanced Medical Equipment-Supplies		T2028		Items	2	6	\$2,465	\$1,232	\$411	3
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			1	0	\$80	\$80	\$0	0
Total Population and Cost					2,925		\$13,145,936			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Clinton Eaton Ingham				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	75	791	\$386,097	\$5,148	\$488	11
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	30	290	\$31,716	\$1,057	\$109	10
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	318	3,016	\$2,284,295	\$7,183	\$757	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	87	619	\$91,173	\$1,048	\$147	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	10	90	\$51,519	\$5,152	\$572	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$348,283	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$1,139,767	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Marchael Membro Service - Psychiatric Ps	Clinton Eaton Ingham	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pages Page	Service Category		rici es code	Wodiffer							
Departer Interpolationation					# of visits	0	0	\$0	\$0	\$0	0
Equation Moniphila Ascillary Services - Other Diagnosis Services 0940 0942	Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Specimen	Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Services	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes ECT Acenthesis ORMINISTED (1998) ORMINISTED (1998		0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Doig Sevene for Methalshore Clients Osly	Additional Codes-ECT Anesthesia		00104		Minutes	10	705	\$13,136	\$1,314	\$19	71
Drug Sevene for Methaladore Clients Only	Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Sereen for Methalatone Clients Only	Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Seesen for Methadones Clients Oaly S0033 per date of service 0 0 50 50 50 50 50 50	Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadoor Clients Only S0804 each procedure 0 0 S0 S0 S0 S0 S0 S0	Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Internative Complexity - Add On Code Internative Complexity - Add On Code - SUD Internative Code - S	Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Internative Complexity - Add On Code - SUD	Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Assessment 90791 Encounter 2 2 2 5742 5371 5371 4 Assessment 90792 Encounter 207 300 515.6555 5461 5456 1 Assessment 90792 Encounter 207 300 515.6555 5461 5456 1 Assessment 2000,0005,0014, 90832 1 30 Minutes 328 13.28 \$191.674 5858 \$141 4 4 5 Minutes 328 13.28 \$191.674 5858 \$141 4 4 5 Minutes 328 13.28 \$191.674 5456 1 50 50 50 50 50 50 50 50 50 50 50 50 50	Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Assessment 90792 Facounter 297 300 \$136.855 \$461 \$456 Mental Health: Outpatient Care 96832 30 Minutes 328 1,328 \$191,674 \$584 \$144 \$4 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care 90832 30 Minutes 328 1,328 \$191,674 \$584 \$144 4	Assessment		90791		Encounter	2	2	\$742	\$371	\$371	1
Substance abuse: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919, 09832 HF 30 Minutes 0 0 S0 \$0	Assessment		90792		Encounter	297	300	\$136,855	\$461	\$456	1
Assessment 9835 30 Minutes 0 0 0 0 50 50 50 0 0 0 Mental Health: Outpatient Care 9834 45 Minutes 345 466 \$227,160 \$658 \$240 2 3 50 50 50 50 50 50 50 50 50 50 50 50 50	Mental Health: Outpatient Care		90832		30 Minutes	328	1,328	\$191,674	\$584	\$144	4
Mental Health: Outpatient Care 90834 45 Minutes 345 946 \$227,160 \$658 \$240 Substance abuse: Outpatient Care 0900, 0906, 0914, 0915, 916, 0919 90834 HF 45 Minutes 0 0 \$0<	Substance abuse: Outpatient Care		90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment 9015, 0916, 0919 Assessment 90836 45 Minutes 280 1,094 \$314,380 \$1,123 \$287 4 Mental Health: Outpatient Care 90837 HF 60 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Assessment 90838 60 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Mental Health: Outpatient Care		90834		45 Minutes	345	946	\$227,160	\$658	\$240	3
Mental Health: Outpatient Care	Substance abuse: Outpatient Care		90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care 90837 HF 60 Minutes 0 0 \$0 </td <td>Assessment</td> <td></td> <td>90836</td> <td></td> <td>45 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment 90838 60 Minutes 0 0 0 50 50 50 50 60 60 Feychotherapy for Crisis First 60 Minutes 90839 First 30-74 Min. 6 12 \$2,343 \$391 \$195 2 \$2,545 \$391 \$195 2 \$2,545 \$391 \$195 2 \$2,545 \$391 \$195 2 \$2,545 \$391 \$195 2 \$2,545 \$391 \$195 2 \$2,545 \$391 \$195 \$2,545 \$391 \$2,545 \$2,545 \$391 \$2,545 \$2,545 \$391 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$2,545 \$	Mental Health: Outpatient Care		90837		60 Minutes	280	1,094	\$314,380	\$1,123	\$287	4
Psychotherapy for Crisis First 60 Minutes 90839 First 30-74 Min. 6 12 \$2,343 \$391 \$195 20	Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes 90840 Each Additional 30 Minutes 90840 Each Additional 30 Minutes 90846 Encounter 1 1 \$413	Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Minutes Minu	Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	6	12	\$2,343	\$391	\$195	2
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915 90846 HF Encounter 0 0 \$0	Psychotherapy for Crisis Each Additional 30 Minutes		90840			0	0	\$0	\$0	\$0	0
Therapy-Family Therapy 90847 Encounter 8 13 \$2,824 \$353 \$217 27 \$2 \$2 \$353 \$217 \$2 \$353	Therapy-Family Therapy		90846		Encounter	1	1	\$413	\$413	\$413	1
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90847 Encounter 0 0 \$0	Substance Abuse: Outpatient Treatment		90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy 90849 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	Therapy-Family Therapy		90847		Encounter	8	13	\$2,824	\$353	\$217	2
Therapy-Family Therapy	Substance Abuse: Outpatient Treatment		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 90849 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
0915, 0916, 0919	Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
	Substance Abuse: Outpatient Treatment		90849	HF	Encounter	0	0	\$0	\$0	\$0	0
	Therapy-Group Therapy	* *	90853		Encounter	95	615	\$125,082	\$1,317	\$203	6

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Clinton Eaton Ingham				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	5	16	\$4,412	\$882	\$276	3
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	1	1	\$262	\$262	\$262	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	419	3,632	\$257,418	\$614	\$71	9
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Clinton Eaton Ingham				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	-
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	
Assessment or Health Services		97802		15 Minutes	10	33	\$2,496	\$250	\$76	
Assessment or Health Services		97803		15 Minutes	21	125	\$8,074	\$384	\$65	(
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99201		Encounter	11	12	\$719	\$65	\$60	
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99202		Encounter	67	70	\$7,303	\$109	\$104	
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99203		Encounter	6	6	\$1,254	\$209	\$209	
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99204		Encounter	13	13	\$2,321	\$179	\$179	
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99205		Encounter	22	22	\$6,181	\$281	\$281	
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	
Established Patient Evaluation and Management		99211		Encounter	15	22	\$3,705	\$247	\$168	
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	1
Established Patient Evaluation and Management		99212		Encounter	144	210	\$15,777	\$110	\$75	
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	
Established Patient Evaluation and Management		99213	·	Encounter	1,162	3,207	\$572,476	\$493	\$179	
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	
Established Patient Evaluation and Management		99214		Encounter	574	1,314	\$205,961	\$359	\$157	
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	
Established Patient Evaluation and Management		99215	·	Encounter	15	15	\$5,260	\$351	\$351	
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$410	\$205	\$205	
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$293	\$293	\$293	
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Clinton Eaton Ingham	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Wiodiffer							
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	6	\$701	\$351	\$117	3
Additional Codes-Physician Services		99232		25 minutes	3	7	\$1,078	\$359	\$154	2
Additional Codes-Physician Services		99233		35 Minutes	2	2	\$440	\$220	\$220	1
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	1	1	\$235	\$235	\$235	1
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		110 Minutes	1	1	\$127	\$127	\$127	1
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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	5	5	\$935	\$187	\$187	1
Assessment		99325		Encounter	3	3	\$1,497	\$499	\$499	1
Assessment		99326		Encounter	7	7	\$2,715	\$388	\$388	1
Assessment		99327		Encounter	7	7	\$6,410	\$916	\$916	1
Assessment		99328		Encounter	1	1	\$287	\$287	\$287	1
Assessment		99334		Encounter	21	32	\$7,010	\$334	\$219	2
Assessment		99335		Encounter	61	117	\$33,473	\$549	\$286	2
Assessment		99336		Encounter	38	68	\$41,815	\$1,100	\$615	2
Assessment		99337		Encounter	1	1	\$293	\$293	\$293	1
Assessment		99341		Encounter	1	1	\$96	\$96	\$96	1
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Select S	Clinton Eaton Ingham	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Messeners	Service Category	Revenue code		Woulder							
Mescaner											
Seconer	~										
Meseneries	~										
Assessment 99.48	-							•			
Mescanism											
	Assessment				Encounter						
	Assessment				Encounter						
	Assessment				Encounter						
Permitton A0080	Medication Administration				Encounter						
Parapipertation	Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Person-way trip	Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Substance Abous: Transportation	Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Per cone-way trip 0	Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Above: Transportation	Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0170			0	0	\$0	\$0	\$0	0
Printance Prin	Additional Codes-Transportation		A0425		Per Mile	29	1,157	\$10,788	\$372	\$9	40
Family Training/Support EBP only	Additional Codes-Transportation		A0427			0	0	\$0	\$0	\$0	0
Company Comp	Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment H0001 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Family Training/Support EBP only		G0177			12	43	\$12,105	\$1,009	\$282	4
House	Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory H0003 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0919 H0004 15 Minutes 0 0 \$0 <th< td=""><td>Assessment</td><td></td><td>H0002</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment O900, 0906, 0914, 0915, 0916, 0919 H0005 Encounter O	Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Up 15, 1916, 1919 Substance Abuse: Case Management H0006 Encounter 0 0 \$0 <th< td=""><td>Substance Abuse: Outpatient Treatment</td><td></td><td>H0004</td><td></td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Outpatient Treatment		H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 0 0 50 50 50 0 Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <	Substance Abuse: Outpatient Treatment		H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Case Management</td><td></td><td>H0006</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0010</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care 0906 H0015 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1	Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 373 4,144 \$1,932,969 \$5,182 \$466 11 Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0 <td>Substance Abuse: Sub-Acute Detoxification</td> <td>1002</td> <td>H0014</td> <td></td> <td>Days</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
·	Crisis Residential Services		H0018		Days	373	4,144	\$1,932,969	\$5,182	\$466	11
·	Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Clinton Eaton Ingham Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$412,731	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	10	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	1,112	1,171	\$689,125	\$620	\$588	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$020	\$588	0
Treatment Planning		H0032	1100	Encounter	2	2	\$639	\$320	\$320	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$039	\$320	\$0	0
			13		0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	20	20	\$0	0
Health Services		H0034		15 Minutes	71	437	\$85,843	\$1,209	\$196	6
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	277	5,167	\$434,998	\$1,570	\$84	19
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	90	14,128	\$1,278,637	\$14,207	\$91	157
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	1	2	\$203	\$203	\$102	2
Crisis Intervention		H2011		15 Minutes	289	1,470	\$192,245	\$665	\$131	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	675	88,742	\$434,359	\$643	\$5	131
Community Living Supports (Daily)		H2016		Per Diem	199	59,508	\$5,048,549	\$25,370	\$85	299
Behavior Services		H2019		15 Minutes	17	800	\$50,585	\$2,976	\$63	47
Behavior Services		H2019	TT	15 Minutes	22	1,917	\$60,584	\$2,754	\$32	87
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	19	51	\$6,286	\$331	\$123	3
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

18 18 18 18 18 18 18 18	Clinton Eaton Ingham	Revenue Code	HCPCS Code	Modifier	Unit	G	Units	Cont	Cost/Case	Cost/Unit	Unit/Case
Part	Service Category				Measure	Cases		Cost			
March Render Services 1033	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	66	91,723	\$562,300	\$8,520	\$6	1,390
Minimar Alane Opposic Crac 1970	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Per Mile No No No No No No No N	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Personal Energency Engroyers System (PUSS) Signature Associated (Processes System (PUSS) Signature Associated (Puss) S	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Selection Alone Services: Transportation	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Parally Training	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training S5111 HA Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Family Training - EBP		S5110		15 Minutes	1	1	\$39	\$39	\$39	1
MITTAM Family Training	Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Part	Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Fouter Care	Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
Poster Carie	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Respite	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Per Denni Emergency Response System (PERS) S5161 Encounter 0 0 50 50 50 50 50 50	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Energency Response System (PERS) S5161 Month 0 0 S0 S0 S0 S0 S0 S0	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Environmental Modification	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies S5199 Rems 0 0 S0 S0 S0 S0 S0 S0	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Septembro Sept	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Health Services S9445 Encounter 11 121 S19,092 S1,736 S158 Health Services S9446 Encounter 6 10 S3,543 S591 S354 Health Services S9470 Encounter 0 0 0 S0 S0 S0 S0 Prevention Services - Direct Model S9482 15 minutes 0 0 0 S0 S0 S0 S0 Intensive Crisis Stabilization-Enrolled Program S9484 Hour 0 0 S0	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Health Services	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services	Health Services		S9445		Encounter	11	121	\$19,092	\$1,736	\$158	11
Prevention Services - Direct Model S9482 15 minutes 0 0 \$0	Health Services		S9446		Encounter	6	10	\$3,543		\$354	2
Heath Services Heat	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 0 50 50 50 50 50	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board S9976 HF Days 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 189 210 \$53,325 \$282 \$254 Health Services T1002 Up to 15 min 459 1,317 \$139,066 \$303 \$106 Respite Care T1005 TD 15 Minutes 0 0 \$0 \$0 \$0 Respite Care T1005 TE 15 Minutes 0 0 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 \$0 \$0 \$0 \$0	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 Up to 15 min 0 0 50 50 50 Private Duty Nursing T1000 TD Up to 15 min 0 0 50 50 50 Private Duty Nursing T1000 TE Up to 15 min 0 0 50 50 50 Assessment T1001 Encounter 189 210 \$53,325 \$282 \$254 Health Services T1002 Up to 15 min 459 1,317 \$139,066 \$303 \$106 Respite Care T1005 TD 15 Minutes 0 0 \$0 \$0 \$0 \$0 Respite Care T1005 TD 15 Minutes 0 0 \$0	Residential Room and Board		S9976		Days	6	58	\$3,101	\$517	\$53	10
Private Duty Nursing T1000 TD Up to 15 min 0 0 50 \$0 \$0 Private Duty Nursing T1000 TE Up to 15 min 0 0 \$0 \$0 \$0 Assessment T1001 Encounter 189 210 \$53,325 \$282 \$254 Health Services T1002 Up to 15 min 459 1,317 \$139,066 \$303 \$106 Respite Care T1005 T5 Minutes 0 0 \$0 \$0 \$0 \$0 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 Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 50 50 50 Assessment T1001 Encounter 189 210 \$53,325 \$282 \$254 Health Services T1002 Up to 15 min 459 1,317 \$139,066 \$303 \$106 Respite Care T1005 TD 15 Minutes 0 0 \$0 \$0 \$0 \$0 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	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment T1001 Encounter 189 210 \$53,325 \$282 \$254 Health Services T1002 Up to 15 min 459 1,317 \$139,066 \$303 \$106 Respite Care T1005 T5 Minutes 0 0 \$0 \$0 \$0 \$0 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 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 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 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 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 0 0 0 0 0	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 459 1,317 \$139,066 \$303 \$106 Respite Care T1005 15 Minutes 0 0 \$0 <td>Private Duty Nursing</td> <td></td> <td>T1000</td> <td>TE</td> <td>Up to 15 min</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 0 0 50 \$0 \$0 Respite Care T1005 TD 15 Minutes 0 0 \$0 <td>Assessment</td> <td></td> <td>T1001</td> <td></td> <td>Encounter</td> <td>189</td> <td>210</td> <td>\$53,325</td> <td>\$282</td> <td>\$254</td> <td>1</td>	Assessment		T1001		Encounter	189	210	\$53,325	\$282	\$254	1
Respite Care T1005 15 Minutes 0 0 50 \$0 \$0 Respite Care T1005 TD 15 Minutes 0 0 \$0 <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>459</td> <td>1,317</td> <td>\$139,066</td> <td>\$303</td> <td>\$106</td> <td>3</td>	Health Services		T1002		Up to 15 min	459	1,317	\$139,066	\$303	\$106	3
Respite Care T1005 TD 15 Minutes 0 0 50 \$0 \$0 Respite Care T1005 TE 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0	Respite Care		T1005		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	Respite Care		T1005	TD	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	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care (Children's Waiver & SED Waiver)					0	0			\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Clinton Eaton Ingham				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	1	1	\$314	\$314	\$314	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	2	\$326	\$326	\$163	2
Targeted Case Management		T1017		15 minutes	1,584	43,576	\$4,974,785	\$3,141	\$114	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	78	3,366	\$353,957	\$4,538	\$105	43
Personal Care in Licensed Specialized Residential Setting		T1020		Days	200	59,544	\$3,027,502	\$15,138	\$51	298
Assessments		T1023		Encounter	1,693	2,508	\$1,473,230	\$870	\$587	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			359	0	\$104,398	\$291	\$0	0
Total Population and Cost					4,121		\$27,919,179			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

CMH for Central Michigan				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	29	392	\$151,208	\$5,214	\$386	14
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	1	15	\$1,260	\$1,260	\$84	15
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	360	2,894	\$1,975,758	\$5,488	\$683	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	3	39	\$3,836	\$1,279	\$98	13
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$36,961	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

CMH for Central Michigan	Daniero Carlo	HCDCC C. I.	M. P.C.	Unit		TTotal		G-4/G	Contact	H-it/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			24	30	\$2,063	\$86	\$69	1
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	714	719	\$303,067	\$424	\$422	1
Assessment		90792		Encounter	16	16	\$6,990	\$437	\$437	1
Mental Health: Outpatient Care		90832		30 Minutes	689	1,302	\$103,997	\$151	\$80	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	58	119	\$8,161	\$141	\$69	2
Mental Health: Outpatient Care		90834		45 Minutes	1,369	4,706	\$559,367	\$409	\$119	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	3	3	\$395	\$132	\$132	1
Mental Health: Outpatient Care		90837		60 Minutes	2,231	12,618	\$2,103,446	\$943	\$167	6
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	9	9	\$1,512	\$168	\$168	1
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	6	12	\$2,856	\$476	\$238	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	38	211	\$48,277	\$1,270	\$229	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	71	565	\$38,523	\$543	\$68	8

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

CMH for Central Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	6	\$1,319	\$330	\$220	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	223	1,877	\$1,257,615	\$5,640	\$670	8
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$372	\$372	\$372	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	4	\$400	\$400	\$100	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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CMH for Central Michigan				Unit						
Service Category	Revenue Code H	CPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	2	2	\$466	\$233	\$233	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	2	2	\$388	\$194	\$194	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	2	2	\$490	\$245	\$245	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	2	2	\$627	\$313	\$313	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	73	90	\$51,673	\$708	\$574	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	163	230	\$35,942	\$221	\$156	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,401	3,850	\$501,514	\$358	\$130	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,551	4,203	\$901,550	\$581	\$215	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	52	54	\$18,752	\$361	\$347	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	9	9	\$685	\$76	\$76	1
Additional Codes-Physician Services	-	99222		50 Minutes	26	27	\$3,448	\$133	\$128	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$47	\$47	\$47	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

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CMH for Central Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	21	92	\$2,669	\$127	\$29	4
Additional Codes-Physician Services		99232		25 minutes	27	164	\$10,784	\$399	\$66	6
Additional Codes-Physician Services		99233		35 Minutes	3	11	\$345	\$115	\$31	4
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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CMH for Central Michigan	Revenue Code	HCPCS Code	Modifier	Unit	Corre	Units	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Wiodiffer	Measure	Cases		Cost			
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	6	80	\$12,882	\$2,147	\$161	13
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	63	241	\$87,077	\$1,382	\$361	4
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

CMH for Central Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0025	ПГ		5	7	\$750	\$150	\$107	1
Prevention Services - Direct Model				Face to Face Contact		2,735		\$250	\$107	
Assessment		H0031	HW	Encounter	2,494		\$624,672			1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	пии	ъ .	1	1	\$603	\$603	\$603	1
Treatment Planning		H0032		Encounter	2,353	3,803	\$634,488	\$270	\$167	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	47	54	\$20,692	\$440	\$383	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	24	100	\$86,977	\$3,624	\$870	4
Home Based Services		H0036		15 Minutes	69	4,646	\$324,198	\$4,699	\$70	67
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	58	1,455	\$90,961	\$1,568	\$63	25
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	175	21,678	\$1,955,356	\$11,173	\$90	124
Community Living Supports in Independent living/own home		H0043		Per diem	24	6,105	\$196,048	\$8,169	\$32	254
Respite		H0045		Days	43	1,022	\$32,826	\$763	\$32	24
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	1	\$270	\$270	\$270	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	5	\$1,520	\$507	\$304	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	714	3,180	\$354,076	\$496	\$111	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	296	16,885	\$137,623	\$465	\$8	57
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	78	118,524	\$242,239	\$3,106	\$2	1,520
Community Living Supports (15 Minutes)		H2015		15 Minutes	206	312,645	\$1,131,247	\$5,491	\$4	1,518
Community Living Supports (Daily)		H2016		Per Diem	110	24,017	\$3,501,814	\$31,835	\$146	218
Behavior Services		H2019		15 Minutes	224	20,031	\$517,166	\$2,309	\$26	89
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	4	22	\$5,303	\$1,326	\$241	6
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	247	82,380	\$768,173	\$3,110	\$9	334
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

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State of Michigan QMPmeasures@michigan.gov

The Shore Polyshock Chipptinn Chie	CMH for Central Michigan				Unit						
Manuskan Proprosecut Robushilatisini Programs 1200 15 Manuse 104 187,00 361,00 360	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Manuska Abene Congented	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
1905 1905	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	104	87,769	\$664,204	\$6,387	\$8	844
1915 1916 1917 1918	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Parametrian	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Per-	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Selection Sele	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Semily Trinsing	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Samply Training	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Samply Training	Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Semily Training	Family Training		S5111		Encounter	5	22	\$2,006	\$401	\$91	4
Part	Family Training		S5111	НА	Encounter	0	0	\$0	\$0	\$0	0
Signate Care	Family Training		S5111	НМ	Encounter	8	60	\$10,824	\$1,353	\$180	8
Select Care	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Sepite SS150	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Per Diem Despite SS151 Per Diem Despite Desp	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S516 Binounter 0 0 30 \$80 \$10	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161 Month 16 117 S131,889 S8,243 S1,127	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Service Serv	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Selection of Physical Equipment-Supplies Sissips Encounter 0 0 0 Sissips	Personal Emergency Response System (PERS)		S5161		Month	16	117	\$131,889	\$8,243	\$1,127	7
Separational or Physical Therapy S899	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Health Services Sp445 Encounter 54 160 Sp0,252 S1,671 S564 leath Services Sp46 Encounter 39 197 S46,037 S1,180 S234 leath Services Sp470 Encounter 0 0 0 0 S0 S0 S0 S0 leath Services Direct Model Sp482 I5 minutes 0 0 0 S0 S0 S0 S0 leath Services Direct Model Sp482 I5 minutes 0 0 S0 S0 S0 S0 leath Services Residential Room and Board Sp976 Days 13 943 S26,991 S2,076 S29 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 S0 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 S0 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 S0 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 S0 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 leath Services Residential Room and Board Sp976 HF Days 0 0 S0 S0 S0 leath Services Days Nursing 0 T1000 TD Up to 15 min 0 S0 S0 S0 S0 leath Services Days Nursing 0 T1000 TD Up to 15 min 0 S0 S0 S0 S0 leath Services Days Nursing 0 T1000 TE Up to 15 min 0 S0 S0 S0 S0 leath Services Days Sp976 S0	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Health Services 5946 Encounter 39 197 \$46,037 \$1,180 \$234 Health Services 59470 Encounter 0 0 \$0	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services \$9470 Encounter 0 0 \$0	Health Services		S9445		Encounter	54	160	\$90,252	\$1,671	\$564	3
Prevention Services - Direct Model S9482 15 minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Health Services		S9446		Encounter	39	197	\$46,037	\$1,180	\$234	5
Houris H	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Paris Pari	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board S976 HF Days 0 0 50 50 50 Private Duty Nursing T1000 Up to 15 min 0 0 50 50 50 Private Duty Nursing T1000 TE Up to 15 min 0 0 50 50 50 Private Duty Nursing T1001 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Assessment T1001 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Bealth Services T1002 Up to 15 min 41 316 \$61,446 \$1,499 \$194 Respite Care T1005 TD 15 Minutes 4 2,720 \$5,958 \$1,489 \$2 \$0 Respite Care T1005 TD 15 Minutes 0 0 \$0 \$0 \$0 \$0 Respite Care T1005 TE 15 Minutes 0 0 \$0	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 Up to 15 min 0 0 \$0	Residential Room and Board		S9976		Days	13	943	\$26,991	\$2,076	\$29	73
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 \$0	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
T1001 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 41 316 \$61,446 \$1,499 \$194 Respite Care T1005 15 Minutes 4 2,720 \$5,958 \$1,489 \$2 6 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	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 4 2,720 \$5,958 \$1,489 \$2 6 Respite Care T1005 TD 15 Minutes 0 0 \$0	Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Respite Care T1005 TD 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>41</td> <td>316</td> <td>\$61,446</td> <td>\$1,499</td> <td>\$194</td> <td>8</td>	Health Services		T1002		Up to 15 min	41	316	\$61,446	\$1,499	\$194	8
Respite Care T1005 TE 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 \$0	Respite Care		T1005		15 Minutes	4	2,720	\$5,958	\$1,489	\$2	680
Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 \$0 \$0 \$0 \$0	Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0 \$0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

CMH for Central Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	292	5,874	\$438,312	\$1,501	\$75	20
Targeted Case Management		T1017		15 minutes	1,037	33,893	\$2,545,364	\$2,455	\$75	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	47	\$3,550	\$887	\$76	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	157	24,524	\$666,533	\$4,245	\$27	156
Assessments		T1023		Encounter	823	1,082	\$937,239	\$1,139	\$866	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	159	92,676	\$73,697	\$464	\$1	583
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1	226	\$2,484	\$2,484	\$11	226
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	9	73	\$4,455	\$495	\$61	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	5	\$660	\$660	\$132	5
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	13	37	\$17,667	\$1,359	\$477	3
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			29	0	\$8,761	\$302	\$0	0
Total Population and Cost					4,684		\$24,602,054			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Copper Country				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	2	23	\$20,194	\$10,097	\$878	12
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	61	571	\$402,321	\$6,595	\$705	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	1	7	\$478	\$478	\$68	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	3	22	\$21,394	\$7,131	\$972	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Copper Country	Revenue Code	HCPCS Code	Modifier	Unit	C	Units	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category		neres code	Modifier	Measure	Cases		Cost			
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	1	6	\$4,050	\$4,050	\$675	6
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	31	36	\$27,450	\$885	\$763	1
Assessment		90792		Encounter	25	25	\$26,614	\$1,065	\$1,065	1
Mental Health: Outpatient Care		90832		30 Minutes	66	177	\$24,499	\$371	\$138	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	72	167	\$36,720	\$510	\$220	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	99	500	\$148,510	\$1,500	\$297	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy	*	90853		Encounter	24	97	\$42,200	\$1,758	\$435	4

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Copper Country	D C 1	Habas a 1	M 110	Unit	_	***	_	G ./G	G attack	H ://G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	1	1	\$266	\$266	\$266	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	39	466	\$69,513	\$1,782	\$149	12
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$154	\$154	\$154	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Copper Country Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Tre venue code		1110411101		0	0	\$0		\$0	
Occupational or Physical Therapy		97532		15 Minutes	0			\$0		0
Occupational or Physical Therapy		97533		15 Minutes		0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	3	4	\$3,417	\$1,139	\$854	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	4	4	\$1,146	\$287	\$287	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	3	3	\$1,794	\$598	\$598	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	1	\$199	\$199	\$199	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	285	1,500	\$402,855	\$1,414	\$269	5
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	74	174	\$64,907	\$877	\$373	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	16	17	\$8,568	\$535	\$504	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$200	\$100	\$100	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$135	\$135	\$135	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Copper Country	D C.1	Hanaa a 1	M 110	Unit	_	## **	_	G ./G	G all is	TI :://G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	8	\$308	\$154	\$39	4
Additional Codes-Physician Services		99232		25 minutes	2	4	\$284	\$142	\$71	2
Additional Codes-Physician Services		99233		35 Minutes	1	4	\$410	\$410	\$102	4
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Copper Country Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
-		99342		Encounter	0	0	\$0	\$0	\$0 \$0	0
Assessment		99343			0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Assessment				Encounter						
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	1	5	\$1,063	\$1,063	\$213	5
Assessment		99348		Encounter	1	2	\$797	\$797	\$399	2
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	1	1	\$199	\$199	\$199	1
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	5	21	\$9,705	\$1,941	\$462	4
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	11	11	\$3,055	\$278	\$278	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
	1002	110017		zuyo .	<u> </u>		ΨΟ	40	ΨΟ	

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Copper Country	Revenue Code	HCPCS Code	Modifier	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code		Wodifici	Measure						
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	81	81	\$23,432	\$289	\$289	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	130	254	\$59,047	\$454	\$232	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	10	236	\$53,322	\$5,332	\$226	24
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	3	\$276	\$276	\$92	3
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	19	3,243	\$34,246	\$1,802	\$11	171
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$56,082	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	28	8,331	\$593,251	\$21,188	\$71	298
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	2	\$155	\$155	\$77	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	191	1,636	\$152,263	\$797	\$93	9
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	21	18,340	\$78,312	\$3,729	\$4	873
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	66	7,759	\$145,636	\$2,207	\$19	118
Community Living Supports (Daily)		H2016		Per Diem	41	5,288	\$890,341	\$21,716	\$168	129
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	29	9,587	\$38,060	\$1,312	\$4	331
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Copper Country				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	26	32,995	\$158,376	\$6,091	\$5	1,269
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	8	\$200	\$200	\$25	8
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	8	9	\$9,762	\$1,220	\$1,085	1
Health Services		T1002		Up to 15 min	26	123	\$52,361	\$2,014	\$426	5
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Copper Country	Revenue Code	HCPCS Code	Modifier	Unit	C	Units	Gerr	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Modifier	Measure	Cases		Cost			
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	151	767	\$110,954	\$735	\$145	5
Targeted Case Management		T1017		15 minutes	85	1,217	\$196,144	\$2,308	\$161	14
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	38	5,288	\$113,904	\$2,997	\$22	139
Assessments		T1023		Encounter	122	165	\$274,268	\$2,248	\$1,662	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	9	90	\$1,376	\$153	\$15	10
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			1	0	\$3,381	\$3,381	\$0	0
Total Population and Cost					629		\$4,368,552			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Detroit-Wayne				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	2,907	30,978	\$18,515,709	\$6,369	\$598	11
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	1,244	14,676	\$5,319,418	\$4,276	\$362	12
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	985	7,679	\$5,102,280	\$5,180	\$664	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	509	4,637	\$1,816,171	\$3,568	\$392	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	278	1,908	\$1,151,229	\$4,141	\$603	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	136	1,080	\$310,816	\$2,285	\$288	8
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	70	74	\$11,500	\$164	\$155	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
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Detroit-Wayne	Revenue Code	HCPCS Code	Modifier	Unit	0	Units		Cost/Case	Cost/Unit	Unit/Case
Service Category		neres code	Modifier	Measure	Cases		Cost			
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	209	1,872	\$437,844	\$2,095	\$234	9
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	5,838	6,470	\$1,339,107	\$229	\$207	1
Assessment		90792		Encounter	13,388	16,401	\$3,249,290	\$243	\$198	1
Mental Health: Outpatient Care		90832		30 Minutes	12,920	32,821	\$2,033,709	\$157	\$62	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	6	7	\$528	\$88	\$75	1
Mental Health: Outpatient Care		90834		45 Minutes	6,956	18,326	\$2,198,232	\$316	\$120	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	1	1	\$170	\$170	\$170	1
Mental Health: Outpatient Care		90837		60 Minutes	7,398	28,624	\$4,515,867	\$610	\$158	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	4	7	\$1,470	\$368	\$210	2
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	112	119	\$11,871	\$106	\$100	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	18	25	\$1,096	\$61	\$44	1
Therapy-Family Therapy		90846		Encounter	21	40	\$5,302	\$252	\$133	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	174	384	\$51,195	\$294	\$133	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	3,325	28,938	\$1,280,554	\$385	\$44	9

Adults with Mental Illness

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Detroit-Wayne				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	10	\$224	\$224	\$22	10
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	571	742	\$39,171	\$69	\$53	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	1	1	\$120	\$120	\$120	1
Psychological Testing PSYCH/PHYS		96101		Per Hour	137	197	\$90,410	\$660	\$459	1
Psychological Testing by Technician		96102		Per Hour	4	5	\$313	\$78	\$63	1
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	19	25	\$4,800	\$253	\$192	1
Assessments-Other		96111		Encounter	43	43	\$201	\$5	\$5	1
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	1	4	\$708	\$708	\$177	4
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	2,986	67,495	\$1,090,805	\$365	\$16	23
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	40	44	\$19,624	\$491	\$446	1
Occupational Therapy		97004		Encounter	6	6	\$1,038	\$173	\$173	1
Occupational or Physical Therapy		97110		15 Minutes	4	9	\$774	\$194	\$86	2
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	101	3,364	\$143,611	\$1,422	\$43	33
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Adults with Mental Illness

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Detroit-Wayne	Revenue Code	HCPCS Code	Modifier	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Woulder	Measure						
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	1	3	\$91	\$91	\$30	3
Assessment or Health Services		97803		15 Minutes	3	33	\$1,006	\$335	\$30	11
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	338	1,748	\$38,399	\$114	\$22	5
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	18	18	\$2,317	\$129	\$129	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	6	6	\$519	\$86	\$86	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	16	16	\$1,599	\$100	\$100	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	32	32	\$5,165	\$161	\$161	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	880	1,627	\$95,332	\$108	\$59	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	7,047	18,733	\$1,239,762	\$176	\$66	3
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	21,447	84,983	\$6,933,444	\$323	\$82	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	2,799	4,979	\$634,830	\$227	\$128	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	420	489	\$65,589	\$156	\$134	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	128	133	\$8,556	\$67	\$64	1
Additional Codes-Physician Services		99222		50 Minutes	3	3	\$186	\$62	\$62	1
Additional Codes-Physician Services		99223		70 Minutes	64	65	\$4,423	\$69	\$68	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Detroit-Wayne				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	450	2,426	\$98,863	\$220	\$41	5
Additional Codes-Physician Services		99232		25 minutes	356	1,274	\$52,935	\$149	\$42	4
Additional Codes-Physician Services		99233		35 Minutes	81	124	\$8,063	\$100	\$65	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	29	31	\$1,891	\$65	\$61	1
Physician Consultations		99253		55 Minutes	6	6	\$432	\$72	\$72	1
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	133	399	\$47,031	\$354	\$118	3
Nursing Facility Services evaluation and management		99309		25 minutes	545	1,696	\$232,336	\$426	\$137	3
Nursing Facility Services evaluation and management		99310		35 Minutes	201	373	\$58,011	\$289	\$156	2
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	9	9	\$642	\$71	\$71	1
Assessment		99335		Encounter	63	172	\$16,864	\$268	\$98	3
Assessment		99336		Encounter	30	30	\$4,882	\$163	\$163	1
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342			0	0	\$0	\$0	\$0	0
Assessment				Encounter	0		· · · · · · · · · · · · · · · · · · ·	\$0 \$0		0
Assessment		99344		Encounter		0	\$0		\$0	
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	1	1	\$137	\$137	\$137	1
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	174	3,606	\$28,939	\$166	\$8	21
Transportation		A0130		Per one-way trip	67	70	\$2,919	\$44	\$42	1
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	123	2,613	\$20,322	\$165	\$8	21
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$60	\$60	\$60	1
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	21	24	\$960	\$46	\$40	1
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	8,949	10,527	\$1,214,115	\$136	\$115	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005	_	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	191	1,697	\$636,218	\$3,331	\$375	9
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Buostance House, Residential										

Adults with Mental Illness

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Detroit-Wayne				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	208	12,060	\$801,180	\$3,852	\$66	58
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	2	\$231	\$115	\$115	1
Assessment		H0031		Encounter	29,904	50,898	\$9,072,029	\$303	\$178	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		6	6	\$3,208	\$535	\$535	1
Treatment Planning		H0032		Encounter	24,860	45,609	\$6,176,308	\$248	\$135	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1,036	1,210	\$233,493	\$225	\$193	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	8	11	\$460	\$58	\$42	1
Home Based Services		H0036		15 Minutes	207	27,441	\$2,382,333	\$11,509	\$87	133
Home Based Services		H0036	ST	15 Minutes	3	30	\$1,712	\$571	\$57	10
Peer Directed and Operated Support Services		H0038		15 minutes	9,389	394,501	\$3,188,291	\$340	\$8	42
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	902	232,056	\$11,939,622	\$13,237	\$51	257
Community Living Supports in Independent living/own home		H0043		Per diem	556	115,779	\$7,772,189	\$13,979	\$67	208
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	1	34	\$230	\$230	\$7	34
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	12	15	\$1,769	\$147	\$118	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	9	19	\$1,671	\$186	\$88	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3,109	19,168	\$2,072,956	\$667	\$108	6
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	427	251,826	\$1,496,897	\$3,506	\$6	590
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	2,443	504,535	\$2,547,572	\$1,043	\$5	207
Community Living Supports (Daily)		H2016		Per Diem	1,907	460,815	\$26,669,401	\$13,985	\$58	242
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	14	816	\$81,834	\$5,845	\$100	58
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	1,470	180,531	\$2,134,429	\$1,452	\$12	123
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Detroit-Wayne	D 0.1	Hanas a 1	M 115	Unit	_	77.5	_	G ./G	G . M. ':	11.100
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1,172	1,473,749	\$7,323,564	\$6,249	\$5	1,257
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	1	386	\$194	\$194	\$1	386
Transportation		S0215		Per Mile	2	2,195	\$551	\$275	\$0	1,098
Substance Abuse Services: 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	2	2	\$182	\$91	\$91	1
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	4	14	\$2,245	\$561	\$160	4
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	7,616	27,521	\$1,611,467	\$212	\$59	4
Health Services		S9446		Encounter	312	1,376	\$50,902	\$163	\$37	4
Health Services		S9470		Encounter	2	12	\$760	\$380	\$63	6
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	92	174	\$102,931	\$1,119	\$592	2
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	13,270	14,400	\$1,441,328	\$109	\$100	1
Health Services		T1002		Up to 15 min	1,659	4,383	\$225,551	\$136	\$51	3
Respite Care		T1005		15 Minutes	3	897	\$3,437	\$1,146	\$4	299
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Detroit-Wayne				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2,482	25,487	\$1,556,957	\$627	\$61	10
Targeted Case Management		T1017		15 minutes	26,018	566,422	\$26,749,616	\$1,028	\$47	22
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	310	962	\$58,736	\$189	\$61	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1,517	381,961	\$14,907,927	\$9,827	\$39	252
Assessments		T1023		Encounter	2,280	3,041	\$1,984,810	\$871	\$653	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	24	1,530	\$45,173	\$1,882	\$30	64
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1,402	1,976	\$287,150	\$205	\$145	1
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	6	30	\$4,732	\$789	\$158	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	91	109	\$215,665	\$2,370	\$1,979	1
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					44,771		\$193,353,685			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Genesee				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	186	2,185	\$1,340,058	\$7,205	\$613	12
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	43	425	\$36,517	\$849	\$86	10
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	1,104	12,982	\$9,536,185	\$8,638	\$735	12
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	133	1,676	\$130,150	\$979	\$78	13
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	5	\$3,414	\$3,414	\$683	5
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	186	1,473	\$408,218	\$2,195	\$277	8
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			113	255	\$12,768	\$113	\$50	2
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	409	413	\$120,773	\$295	\$292	1
Assessment		90792		Encounter	579	585	\$140,394	\$242	\$240	1
Mental Health: Outpatient Care		90832		30 Minutes	179	337	\$13,266	\$74	\$39	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	592	2,222	\$110,340	\$186	\$50	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	648	3,436	\$271,467	\$419	\$79	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	6	\$966	\$483	\$161	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	4	\$180	\$90	\$45	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	7	7	\$711	\$102	\$102	1

Adults with Mental Illness

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Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	1	\$83	\$83	\$83	1
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	\$383	\$383	\$383	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	672	4,996	\$483,936	\$720	\$97	7
Physical Therapy		97001		Encounter	1	1	\$383	\$383	\$383	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	3	3	\$1,149	\$383	\$383	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

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Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	3	9	\$3,332	\$1,111	\$370	3
Assessment or Health Services		97803		15 Minutes	2	5	\$1,800	\$900	\$360	3
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	107	617	\$441,259	\$4,124	\$715	6
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	97	122	\$3,999	\$41	\$33	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	3,020	8,786	\$977,524	\$324	\$111	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,615	3,640	\$1,266,682	\$784	\$348	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	126	160	\$60,017	\$476	\$375	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$69	\$69	\$69	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$83	\$83	\$83	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	4	\$88	\$44	\$22	2
Additional Codes-Physician Services		99232		25 minutes	2	4	\$128	\$64	\$32	2
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	1	1	\$205	\$205	\$205	1
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Genesee	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code		Woulder							
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	5	6	\$1,271	\$254	\$212	1
Assessment		99349		Encounter	21	27	\$5,586	\$266	\$207	1
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	37	208	\$42,151	\$1,139	\$203	6
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	2	37	\$106	\$53	\$3	19
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	30	267	\$9,491	\$316	\$36	9
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	403	2,608	\$808,461	\$2,006	\$310	6
-	1002	H0018	HF	Davis	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	110016	111	Days	0	U	\$0	\$0	Φ U	U

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Section Part	Genesee	Revenue Code	HCDCC C. 1.	Modifier	Unit		Units		G1/G	Contillate	Unit/Case
Sebituses Absec: Early Inserventins 19023 Encounter 0 0 90 90 90 90 90 90		Revenue Code		Wodiffer							
Peer Descritat and Operatial Surgeons Services 19023 185 25 25 20 20 20 20 20 2											
	-				Encounter						
Percenting Services - Direct Model H1025	Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Macromer	Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Performant Per	Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Per Directed and Operand Support Services 18038 HF 15 Minutes 0 0 50 50 50 50 50 50	Assessment		H0031		Encounter	1,003	1,029	\$142,111	\$142	\$138	1
Montange of Treatment - Clinician 1802 TS Encounter 122 555 \$199,742 \$1,677 \$375 \$4 \$15 \$1	Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		7	7	\$1,187	\$170	\$170	1
Spinstance Abuse Pharmalogical Support : Subscance 19034	Treatment Planning		H0032		Encounter	176	199	\$61,022	\$347	\$307	1
Health Services	Monitoring of Treatment - Clinician		H0032	TS	Encounter	122	535	\$199,742	\$1,637	\$373	4
Home Based Services H0036	Substance Abuse: Pharmalogical Support - Suboxane		H0033			0	0	\$0	\$0	\$0	0
Home Based Services	Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services	Home Based Services		H0036		15 Minutes	4	93	\$7,147	\$1,787	\$77	23
Peer Directed and Operated Support Services	Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuser, Recovery Support Services H0038 HF 15 Minutes 0 0 50 50 50 50 50 50	Peer Directed and Operated Support Services		H0038		15 minutes	537	8,812	\$830,296	\$1,546	\$94	16
Peer Directed and Operated Support Services	Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)	Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Per diem	Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Respite	Assertive Community Treatment (ACT)		H0039		15 Minutes	227	54,108	\$3,320,478	\$14,628	\$61	238
Peer Directed and Operated Support Services	Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Mode	Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review Monitoring Activities H2000 TS Encounter 0 0 S0 S0 S0 S0 0 0 Comprehensive Medication Services - EBP only H2010 15 minutes 0 0 S0 S0 S0 S0 S0 S0	Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Rehavior Treatment Plan Review - Monitoring Activities	Substance Abuse: Outpatient Treatment		H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only H2010 15 minutes 0 0 50 \$0	Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention H2011 15 Minutes 545 3,483 5688,629 \$1,264 \$198 6 Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 50 \$0 \$0 0 Skill-Building and Out of Home Non Vocational Habilitation H2014 HK 15 minutes 155 291,712 \$698,542 \$4,507 \$2 1,882 Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0	Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 50 50 50 0 Skill-Building and Out of Home Non Vocational Habilitation H2014 HK 15 minutes 155 291,712 \$698,542 \$4,507 \$2 1,882 Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0	Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation H2014 15 minutes 155 291,712 \$698,542 \$4,507 \$2 1,882 Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0	Crisis Intervention		H2011		15 Minutes	545	3,483	\$688,629	\$1,264	\$198	6
Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0 <	Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes) H2015 15 Minutes 122 80,790 \$596,128 \$4,886 \$7 662 Community Living Supports (Daily) H2016 Per Diem 146 45,413 \$5,786,548 \$39,634 \$127 311 Behavior Services H2019 TT 15 Minutes 68 2,838 \$181,125 \$2,664 \$64 42 Behavior Services H2019 TT 15 Minutes 49 4,761 \$288,411 \$5,886 \$61 97 Wraparound H2021 15 Minutes 0 0 \$0 <td>Skill-Building and Out of Home Non Vocational Habilitation</td> <td></td> <td>H2014</td> <td></td> <td>15 minutes</td> <td>155</td> <td>291,712</td> <td>\$698,542</td> <td>\$4,507</td> <td>\$2</td> <td>1,882</td>	Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	155	291,712	\$698,542	\$4,507	\$2	1,882
Community Living Supports (Daily) H2016 Per Diem 146 45,413 \$5,786,548 \$39,634 \$127 311 Behavior Services H2019 15 Minutes 68 2,838 \$181,125 \$2,664 \$64 42 Behavior Services H2019 TT 15 Minutes 49 4,761 \$288,411 \$5,886 \$61 97 Wraparound H2021 15 Minutes 0 0 \$0	Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services H2019 15 Minutes 68 2,838 \$181,125 \$2,664 \$64 42 Behavior Services H2019 TT 15 Minutes 49 4,761 \$288,411 \$5,886 \$61 97 Wraparound H2021 15 Minutes 0 0 \$0	Community Living Supports (15 Minutes)		H2015		15 Minutes	122	80,790	\$596,128	\$4,886	\$7	662
Behavior Services H2019 TT 15 Minutes 49 4,761 \$288,411 \$5,886 \$61 97 Wraparound H2021 15 Minutes 0 0 \$0	Community Living Supports (Daily)		H2016		Per Diem	146	45,413	\$5,786,548	\$39,634	\$127	311
Wraparound H2021 15 Minutes 0 0 \$1 \$1 \$1 \$1 \$212	Behavior Services		H2019		15 Minutes	68	2,838	\$181,125	\$2,664	\$64	42
Wraparound (SED Waiver) H2022 Days 1 1 \$212 \$212 \$212 \$212 \$2 \$1 Wraparound (SED Waiver) H2022 TT Days 0 0 \$0	Behavior Services		H2019	TT	15 Minutes	49	4,761	\$288,411	\$5,886	\$61	97
Wraparound (SED Waiver) H2022 TT Days 0 0 \$0 <th< td=""><td>Wraparound</td><td></td><td>H2021</td><td></td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services H2023 15 minutes 73 44,588 \$286,531 \$3,925 \$6 611	Wraparound (SED Waiver)		H2022		Days	1	1	\$212	\$212	\$212	1
	Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Mental Health Therapy H2027 15 Minutes 0 0 \$0	Supported Employment Services		H2023		15 minutes	73	44,588	\$286,531	\$3,925	\$6	611
	Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	141	184,629	\$1,175,619	\$8,338	\$6	1,309
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	27	499	\$19,621	\$727	\$39	18
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	10	12	\$3,249	\$325	\$271	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	696	6,879	\$1,085,206	\$1,559	\$158	10
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	84	84	\$16,137	\$192	\$192	1
Health Services		T1002		Up to 15 min	87	1,131	\$215,750	\$2,480	\$191	13
Respite Care		T1005		15 Minutes	32	23,124	\$83,172	\$2,599	\$4	723
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	2	36	\$98	\$49	\$3	18
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
			_		_			_	_	

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	20	39	\$1,507	\$75	\$39	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,189	24,595	\$1,435,379	\$1,207	\$58	21
Targeted Case Management		T1017		15 minutes	3,635	184,602	\$10,082,303	\$2,774	\$55	51
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	44	\$4,718	\$944	\$107	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	8	1,193	\$96,966	\$12,121	\$81	149
Assessments		T1023		Encounter	28	29	\$6,390	\$228	\$220	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	13	\$0	\$0	\$0	13
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	126	27,433	\$277,913	\$2,206	\$10	218
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	6	55	\$5,732	\$955	\$104	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	94	652	\$860,486	\$9,154	\$1,320	7
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					5,887		\$44,691,947			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gogebic				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	1	10	\$10,560	\$10,560	\$1,056	10
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	1	9	\$1,700	\$1,700	\$189	9
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	25	319	\$394,010	\$15,760	\$1,235	13
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	3	52	\$22,190	\$7,397	\$427	17
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	19	\$18,503	\$18,503	\$974	19
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	16	16	\$11,525	\$720	\$720	1
Mental Health: Outpatient Care		90832		30 Minutes	6	6	\$808	\$135	\$135	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	5	6	\$1,404	\$281	\$234	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	11	62	\$19,283	\$1,753	\$311	6
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	3	18	\$8,622	\$2,874	\$479	6

Adults with Mental Illness

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Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	19	174	\$18,705	\$984	\$108	9
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$155	\$155	\$155	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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State of Michigan QMPmeasures@michigan.gov

Gogebic Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	17	54	\$10,102	\$594	\$187	3
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	25	33	\$8,991	\$360	\$272	1
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	77	439	\$147,105	\$1,910	\$335	6
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	25	47	\$22,779	\$911	\$485	2
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99222	·	50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

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Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	1	\$199	\$199	\$199	1
Assessment		99335		Encounter	1	1	\$447	\$447	\$447	1
Assessment		99336		Encounter	1	1	\$224	\$224	\$224	1
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Gogebic	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code		Wodifier							
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	4	34	\$12,896	\$3,224	\$379	9
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	9	9	\$2,615	\$291	\$291	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	14	489	\$58,734	\$4,195	\$120	35
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	49	59	\$27,254	\$556	\$462	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	56	62	\$13,702	\$245	\$221	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	9	941	\$57,505	\$6,389	\$61	105
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	16	1,212	\$30,748	\$1,922	\$25	76
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	33	4,506	\$335,201	\$10,158	\$74	137
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	104	647	\$18,498	\$178	\$29	6
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	47	3,132	\$52,524	\$1,118	\$17	67
Community Living Supports (Daily)		H2016		Per Diem	5	1,135	\$89,699	\$17,940	\$79	227
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	5	261	\$9,628	\$1,926	\$37	52
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Serves Capeys	Gogebic				Unit						
Minus Physics and Infrahillation Programs 12010 15 Minutes 0 0 0 0 0 0 0 0 0	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Mone Services	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Substance About Congnition Care 900, 900, 801, 81 12018 187 186 are 9 0 0 50 50 50 50 50	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Mishane Ahm Copplien Care	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Profite Profite Profite 0	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Per Multi- Substanter Abus Services Transportation SQ15 MF Per Multi 0 0 30 30 30 30 0 Substanter Abus Services Transportation SQ15 MF Per Multi 0 0 0 30 30 30 0 Substanter Abus Services Transportation SQ15 MF Per Multi 0 0 0 30 30 30 0 Substanter Abus Services Transportation SQ15 SQ15 SQ16 SQ16	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Solution Solution	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Family Training	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training S5111 HA Ecounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training	Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training S5111 MM Eacounter 0 0 0 50 50 50 50 0 0 1 1 1 1 1 1 1 1 1	Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
BHT ABA Family Training	Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Fronter Care	Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
Protect Care	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Respite S5150 15 Minutes 0 0 0 50 50 50 50 0 0 Respite S6151 Per Diem 0 0 0 50 50 50 50 50 0 0 Personal Emergency Response System (PERS) S5160 Encounter 0 0 0 0 50 50 50 50 50 50 50 50 50 50 5	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Respite S5151 Per Diem 0 0 0 50 50 50 50 50 0 0 Personal Elimergency Response System (PERS) S5160 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S160 Encounter 0 0 S0 S0 S0 S0 S0 S0	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Environmental Modification S5165 Service 0 0 0 50 50 50 50 0 0 Ebihanced Medical Equipment-Supplies S5199 hems 0 0 0 50 50 50 50 0 0 0 0 0 50 50 50 50	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
September Sept	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Health Services	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Health Services S946 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services S9470 Encounter 0 0 0 S0 S0 S0 S0 S0	Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model S9482 15 minutes 0 0 0 50 50 50 50 0 1 1 1 1 1 1 1 1 1 1	Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services Hour Description Sy84	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Residential Room and Board S9976 Days 0 0 50	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board S9976 HF Days 0 0 \$0	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment T1001 Encounter 3 3 3 \$641 \$214 \$214 1 Health Services T1002 Up to 15 min 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 0 0 \$0 <th< td=""><td>Private Duty Nursing</td><td></td><td>T1000</td><td>TE</td><td>Up to 15 min</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 0 0 \$0 </td <td>Assessment</td> <td></td> <td>T1001</td> <td></td> <td>Encounter</td> <td>3</td> <td>3</td> <td>\$641</td> <td>\$214</td> <td>\$214</td> <td>1</td>	Assessment		T1001		Encounter	3	3	\$641	\$214	\$214	1
Respite Care T1005 TD 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 TE 15 Minutes 0 0 \$0 </td <td>Respite Care</td> <td></td> <td>T1005</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
Respite Care T1005 TE 15 Minutes 0 0 \$0 </td <td>Respite Care</td> <td></td> <td>T1005</td> <td>TD</td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0 0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	34	1,168	\$73,911	\$2,174	\$63	34
Targeted Case Management		T1017		15 minutes	75	3,881	\$245,240	\$3,270	\$63	52
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	8	\$506	\$169	\$63	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	1,135	\$139,537	\$27,907	\$123	227
Assessments		T1023		Encounter	50	70	\$25,646	\$513	\$366	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			4	0	\$0	\$0	\$0	0
Total Population and Cost					252		\$1,891,795			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gratiot	Daniero Carlo	HCDCC C- 1-	M. Fe	Unit		TToba		G-+1/G	C/II-2	H-it/C
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	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	3	13	\$13,986	\$4,662	\$1,076	4
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	18	798	\$568,735	\$31,596	\$713	44
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	10	5	\$3,421	\$342	\$684	1
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	42	211	\$110,074	\$2,621	\$522	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	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	24	99	\$28,265	\$1,178	\$286	4
Mental Health: Outpatient Care		90832		30 Minutes	25	45	\$4,668	\$187	\$104	2.
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	71	1,999	\$283,774	\$3,997	\$142	28
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	105	344	\$66,900	\$637	\$194	3
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	6	20	\$3,188	\$531	\$159	3
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	1	1	\$81	\$81	\$81	1
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	23	39	\$4,841	\$210	\$124	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	37	319	\$22,812	\$617	\$72	9

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	24	268	\$16,835	\$701	\$63	11
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	4	24	\$796	\$199	\$33	6
Assessment or Health Services		97803		15 Minutes	3	12	\$330	\$110	\$28	4
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	20	118	\$8,408	\$420	\$71	6
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	10	313	\$23,250	\$2,325	\$74	31
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	168	683	\$127,657	\$760	\$187	4
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	7	6	\$1,141	\$163	\$190	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$301	\$151	\$151	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	3	11	\$650	\$217	\$59	4
Additional Codes-Physician Services		99232		25 minutes	3	12	\$1,169	\$390	\$97	4
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341	-	Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Account	Gratiot				Unit						
Masseneris	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Mesceneric 9344 Encounter 9 9 9 93 93 9 9 9 9	Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Macesserd 94.5 Encourser 9.1	Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assentering 9347	Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Mescaner	Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Avesmont	Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration	Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Medication Ministentianian	Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Medican Management	Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Permitte	Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Permitting	Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Per concessor principation	Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation	Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Sebtance Abose: Transportation	Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Paragontation	Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Personantarian A0140	Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Maniportation	Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0140			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation Additional Codes-Transportation Enhanced Medical Equipment-Supplies El399 Benes O O O SO SO SO SO O Family Training/Support EBP only Substance Abuse: Recovery Support Services O O SUbstance Abuse: Individual Assessment H0001 Encounter Encounter O SO Substance Abuse: Individual Assessment H0002 Encounter SO SO SO SO SO SO SO SO SO S	Transportation		A0170			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies En 1399 Rems 0 0 50 50 50 0 50 50	Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only G0177 Encounter Session at least 45 min Clear 45 min	Additional Codes-Transportation		A0427			0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services G0409 15 Minutes 0 0 0 50 50 50 0 50	Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment H0001 Encounter 0 0 50 50 50 50 0	Family Training/Support EBP only		G0177			0	0	\$0	\$0	\$0	0
Assessment H0002 Encounter 78 86 \$17,184 \$220 \$200 1	Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory H0003 Encounter 0 0 50 50 50 9 Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0004 15 Minutes 0 0 50 50 \$0	Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0919 H0004 15 Minutes 0 0 \$0	Assessment		H0002		Encounter	78	86	\$17,184	\$220	\$200	1
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0005 Encounter 0 0 0 0 0 0 0 0 0	Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management H0006 Encounter 0 0 \$0	Substance Abuse: Outpatient Treatment		H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Outpatient Treatment</td><td></td><td>H0005</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Outpatient Treatment		H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Case Management</td><td></td><td>H0006</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0010</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care 0906 H0015 Days 0 0 \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 0 0 \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
•	Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
	Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
	Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gratiot Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services Prevention Services - Direct Model		H0025	ПГ	Face to Face Contact	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
					137	372		\$786	\$290	3
Assessment		H0031	HW	Encounter			\$107,708			
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	ΠVV	т.	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	137	155	\$17,888	\$131	\$115	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	60	4,514	\$123,439	\$2,057	\$27	75
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	57	403	\$19,960	\$350	\$50	7
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	65	49,535	\$213,631	\$3,287	\$4	762
Community Living Supports (Daily)		H2016		Per Diem	4	416	\$74,289	\$18,572	\$179	104
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	60	10,060	\$308,545	\$5,142	\$31	168
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	19	3,366	\$82,825	\$4,359	\$25	177
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	372	1,701	\$69,923	\$188	\$41	5
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	122	577	\$37,756	\$309	\$65	5
Targeted Case Management		T1017		15 minutes	268	11,505	\$742,081	\$2,769	\$65	43
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	8	90	\$6,339	\$792	\$70	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	45	186	\$3,199	\$71	\$17	4
Assessments		T1023		Encounter	231	337	\$26,942	\$117	\$80	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	26	33	\$1,495	\$58	\$45	1
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,037		\$3,144,486			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Hiawatha				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	4	21	\$16,252	\$4,063	\$774	5
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	77	639	\$494,546	\$6,423	\$774	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	10	94	\$11,957	\$1,196	\$127	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	1	11	\$7,057	\$7,057	\$642	11
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	24	29	\$24,191	\$1,008	\$834	1
Assessment		90792		Encounter	1	1	\$997	\$997	\$997	1
Mental Health: Outpatient Care		90832		30 Minutes	103	194	\$18,627	\$181	\$96	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	177	712	\$109,025	\$616	\$153	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	158	628	\$125,177	\$792	\$199	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	1	\$138	\$138	\$138	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	· · · · · · · · · · · · · · · · · · ·	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	15	217	\$49,513	\$3,301	\$228	14

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Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	19	\$2,600	\$520	\$137	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	37	523	\$12,544	\$339	\$24	14
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

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Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$369	\$369	\$369	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	24	24	\$15,420	\$643	\$643	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	68	69	\$65,428	\$962	\$948	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	263	707	\$148,170	\$563	\$210	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	249	692	\$243,622	\$978	\$352	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	47	30	\$30,310	\$645	\$1,010	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$1,243	\$1,243	\$1,243	1
Additional Codes-Physician Services		99222		50 Minutes	3	3	\$1,382	\$461	\$461	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	3	16	\$1,146	\$382	\$72	5
Additional Codes-Physician Services		99232		25 minutes	2	27	\$518	\$259	\$19	14
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Hiawatha	Revenue Code	HCPCS Code	Modifier	Unit		Units		Cost/Case	Contact	Unit/Case
Service Category	Revenue Code		Modifier	Measure	Cases		Cost		Cost/Unit	
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	7	44	\$11,013	\$1,573	\$250	6
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	20	20	\$4,843	\$242	\$242	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	3	103	\$44,428	\$14,809	\$431	34
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

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Hiawatha Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
		H0023	HF	Encounter	1	17	\$2,027	\$2,027	\$119	17
Substance Use Disorder: Recovery Support Services		H0025	ПГ		0	0	\$2,027	\$2,027	\$119	0
Prevention Services - Direct Model				Face to Face Contact	247					
Assessment		H0031	LDAZ	Encounter		302	\$67,440	\$273	\$223	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		3	3	\$709	\$236	\$236	1
Treatment Planning		H0032		Encounter	230	465	\$50,208	\$218	\$108	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	9	21	\$2,272	\$252	\$108	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	6	113	\$49,643	\$8,274	\$439	19
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	59	5,609	\$168,308	\$2,853	\$30	95
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$72,863	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	49	9,508	\$617,688	\$12,606	\$65	194
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	382	2,542	\$214,915	\$563	\$85	7
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	9	10,010	\$40,040	\$4,449	\$4	1,112
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	28	10,567	\$88,234	\$3,151	\$8	377
Community Living Supports (Daily)		H2016		Per Diem	32	5,128	\$502,544	\$15,705	\$98	160
Behavior Services		H2019		15 Minutes	2	76	\$3,031	\$1,516	\$40	38
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	• • •	15 minutes	14	820	\$3,280	\$234	\$4	59
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
		112027		15 minutes	· · · · · · · · · · · · · · · · · · ·	•	ΨΟ	ΨΟ	Ψ0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	4	138	\$10,226	\$2,557	\$74	35
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	4	4	\$5,029	\$1,257	\$1,257	1
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	1	181	\$512	\$512	\$3	181
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	4	5	\$730	\$183	\$146	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	133	2,331	\$324,965	\$2,443	\$139	18
Targeted Case Management		T1017		15 minutes	77	1,579	\$219,976	\$2,857	\$139	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	20	4,396	\$430,412	\$21,521	\$98	220
Assessments		T1023		Encounter	172	230	\$133,828	\$778	\$582	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					860		\$4,449,396			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Huron Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	0100		PT68		0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Bundled per diem Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0 \$0	\$0 \$0	0
Local Psychiatric Hospital/IMD PT68 Builded per diem Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134,		PT68	Days	4	43	\$24,600	\$6,150	\$572	11
Local Psychiatric Hospital/IND P108 Physician costs excluded	0154		F100	Days	4	43	\$24,000	\$6,130	\$312	11
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	1	2	\$300	\$300	\$150	2
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	49	455	\$331,102	\$6,757	\$728	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	10	76	\$12,610	\$1,261	\$166	8
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$4,510	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$28,269	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Huron				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	79	79	\$93,852	\$1,188	\$1,188	1
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	103	206	\$19,766	\$192	\$96	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	221	1,067	\$159,849	\$723	\$150	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	93	232	\$44,776	\$481	\$193	2
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	32	182	\$50,378	\$1,574	\$277	6

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Huron			3.6 11.0	Unit		** .		aa		
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	14	\$2,550	\$364	\$182	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	41	534	\$134,568	\$3,282	\$252	13
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Huron Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
· ,		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Occupational or Physical Therapy Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0 \$0	\$0 \$0	0
		97537		15 Minutes	0	0	\$0	\$0 \$0	\$0 \$0	0
Occupational or Physical Therapy		97542			0	0	\$0	\$0 \$0	\$0 \$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0 \$0	\$0 \$0	
Occupational or Physical Therapy Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
		97760			0	0	\$0	\$0 \$0	\$0 \$0	0
Occupational or Physical Therapy		97762		15 Minutes 15 minutes	0	0	\$0	\$0 \$0	\$0	0
C/O for Orthotic/Prosth Use or Physical Therapy Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0 \$0	\$0	0
Assessment or Health Services Assessment or Health Services		97802			0	0	\$0	\$0 \$0	\$0	0
Assessment or Health Services Health Services		97804		15 Minutes	0	0	\$0	\$0 \$0	\$0 \$0	
		97804		30 Minutes	0	0	\$0	\$0 \$0	\$0 \$0	0
Substance Abuse: Acupuncture				Encounter						
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201 99201	HF	Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Substance Abuse: New Patient Evaluation and Management		99201	ПЕ	Encounter Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
New Patient Evaluation and Management			HF						\$0 \$0	
Substance Abuse: New Patient Evaluation and Management		99202	ПЕ	Encounter	0	0	\$0	\$0		0
New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0		<u> </u>		0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management Substance Abuse: Established Patient Evaluation and		99211 99211	HF	Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Management Evaluation and		99211	HF	Encounter	U	U	50	\$0	\$0	U
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	320	1,510	\$493,145	\$1,541	\$327	5
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	27	28	\$18,631	\$690	\$665	1
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$120	\$60	\$60	1
Additional Codes-Physician Services		99222		50 Minutes	27	31	\$3,868	\$143	\$125	1
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$200	\$200	\$200	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Huron				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	25	131	\$5,639	\$226	\$43	5
Additional Codes-Physician Services		99232		25 minutes	17	112	\$6,248	\$368	\$56	7
Additional Codes-Physician Services		99233		35 Minutes	4	8	\$647	\$162	\$81	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment	-	99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Huron				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	-	Days	4	13	\$4,086	\$1,021	\$314	3
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Huron	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code		Wodiffer		0		\$0			
Substance Abuse: Methadone		H0020		Encounter		0	\$0 \$0	\$0 \$0	\$0 \$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0		\$0 \$0	\$0 \$0	\$0 \$0	0
Peer Directed and Operated Support Services		H0023		Encounter		0				0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	304	318	\$68,370	\$225	\$215	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$350	\$350	\$350	1
Treatment Planning		H0032		Encounter	251	467	\$80,715	\$322	\$173	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	108	177	\$19,848	\$184	\$112	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	67	86	\$22,188	\$331	\$258	1
Home Based Services		H0036		15 Minutes	21	2,261	\$108,528	\$5,168	\$48	108
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	30	1,003	\$50,488	\$1,683	\$50	33
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$154,015	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	43	9,809	\$578,731	\$13,459	\$59	228
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	3	\$339	\$339	\$113	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	11	\$803	\$803	\$73	11
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	94	308	\$17,248	\$183	\$56	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	8,711	\$30,576	\$2,780	\$4	792
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	37	26,614	\$201,378	\$5,443	\$8	719
Community Living Supports (Daily)		H2016		Per Diem	6	1,833	\$158,187	\$26,365	\$86	306
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	••	15 minutes	39	44,929	\$274,350	\$7,035	\$6	1,152
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
		112027		15 minutes	•		ΨΟ	ΨΟ	ΨΟ	

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Huron				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	1	34	\$458	\$458	\$13	34
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Huron				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	36	1,371	\$70,250	\$1,951	\$51	38
Targeted Case Management		T1017		15 minutes	175	9,499	\$503,674	\$2,878	\$53	54
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	7	183	\$10,248	\$1,464	\$56	26
Personal Care in Licensed Specialized Residential Setting		T1020		Days	6	1,833	\$72,008	\$12,001	\$39	306
Assessments		T1023		Encounter	150	228	\$82,308	\$549	\$361	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	16	103	\$8,975	\$561	\$87	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					617		\$3,953,747			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	20	213	\$250,759	\$12,538	\$1,177	11
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	51	463	\$255,045	\$5,001	\$551	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901	·		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Ionia				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	115	178	\$129,755	\$1,128	\$729	2
Mental Health: Outpatient Care		90832		30 Minutes	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	49	125	\$6,112	\$125	\$49	3
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	98	303	\$29,745	\$304	\$98	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	188	1,410	\$216,128	\$1,150	\$153	8
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	1	\$157	\$157	\$157	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	8	21	\$3,608	\$451	\$172	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	83	900	\$35,403	\$427	\$39	11

Adults with Mental Illness

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Ionia				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	7	\$2,478	\$496	\$354	1
Psychological Testing by Technician		96102		Per Hour	1	1	\$354	\$354	\$354	1
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	40	446	\$101,551	\$2,539	\$228	11
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	1	1	\$174	\$174	\$174	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Ionia Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	8	\$1,079	\$1,079	\$135	8
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
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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	84	145	\$61,190	\$728	\$422	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	55	80	\$22,240	\$404	\$278	1
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	255	1,152	\$331,801	\$1,301	\$288	5
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	81	158	\$47,904	\$591	\$303	2
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224	·	15 Minutes	0	0	\$0	\$0	\$0	0

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Ionia				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Mexican Marie Ma	Ionia	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Mescaneris	Service Category	Revenue code		Wodiffer							
Secure Syste	·-										
Decement	-										
Passement 99347											
Seconder 9938	-										
Moderated 99159 Encounter 0 0 0 50 50 50 0 0 0											
Assertance	Assessment				Encounter						
Medication Maningeneris	Assessment		99349		Encounter	0	0				0
Medication Management 99905	Assessment		99350		Encounter	0				\$0	0
Transportation	Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation	Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Substance Above: Transportation	Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Temportation	Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation	Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation A0427 Refer to code descriptions. A0427 Refer to code descriptions	Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0170			0	0	\$0	\$0	\$0	0
Pathaneed Medical Equipment-Supplies El1399 Items 1 1 S38	Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only G0177 Encounter Session at least 45 min Clear 45 min	Additional Codes-Transportation		A0427			0	0	\$0	\$0	\$0	0
Company Comp	Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$38	\$38	\$38	1
Substance Abuse: Individual Assessment H0001 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Family Training/Support EBP only		G0177			0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory	Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory H0003 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0919 H0004 15 Minutes 0 0 \$0 <th< td=""><td>Assessment</td><td></td><td>H0002</td><td></td><td>Encounter</td><td>431</td><td>807</td><td>\$218,609</td><td>\$507</td><td>\$271</td><td>2</td></th<>	Assessment		H0002		Encounter	431	807	\$218,609	\$507	\$271	2
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0005 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Upstance Abuse: Case Management H0006 Encounter 0 0 \$0	Substance Abuse: Outpatient Treatment		H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 0 0 50 \$0 <th< td=""><td>Substance Abuse: Outpatient Treatment</td><td></td><td>H0005</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Outpatient Treatment		H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Case Management</td><td></td><td>H0006</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0010</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0012</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care 0906 H0015 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,118 \$447 3 Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 2 5 \$2,237 \$1,118 \$447 3 Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0 \$0 \$0 \$0 \$0 0 0	Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	<u>-</u>				· · · · · · · · · · · · · · · · · · ·	2	5				3
	Substance Abuse: Residential	1002		HF	·	0	0			\$0	0
	Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

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Ionia Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	3	3	\$152	\$51	\$51	1
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	298	624	\$156,997	\$527	\$252	2
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	228	476	\$81,852	\$359	\$172	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	38	4,235	\$333,184	\$8,768	\$79	111
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	51	8,155	\$238,303	\$4,673	\$29	160
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$61,250	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	13	87	\$4,302	\$331	\$49	7
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	2	70	\$1,731	\$865	\$25	35
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	9	2,263	\$10,529	\$1,170	\$5	251
Community Living Supports (Daily)		H2016		Per Diem	9	1,801	\$363,631	\$40,403	\$202	200
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	147	\$11,565	\$11,565	\$79	147
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	45	1,486	\$40,083	\$891	\$27	33
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Ionia	Revenue Code	HCPCS Code	Modifier	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category				Measure						
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	13	67	\$3,864	\$297	\$58	5
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	3	61	\$1,783	\$594	\$29	20
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	91	261	\$9,663	\$106	\$37	3
Respite Care		T1005		15 Minutes	5	5,072	\$18,456	\$3,691	\$4	1,014
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 Abuse: Treatment Planning	·	T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Ionia				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	53	2,300	\$209,739	\$3,957	\$91	43
Targeted Case Management		T1017		15 minutes	354	10,642	\$964,920	\$2,726	\$91	30
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	906	\$12,954	\$2,591	\$14	181
Assessments		T1023		Encounter	105	205	\$64,513	\$614	\$315	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	3	10	\$1,203	\$401	\$120	3
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)	-				0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,388		\$4,307,040			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Kalamazoo	Revenue Code	HCPCS Code	Modifier	Unit	G.	Units	a .	Cost/Case	Cost/Unit	Unit/Case
Service Category		HCPCS Code		Measure	Cases		Cost			Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	57	640	\$503,411	\$8,832	\$787	11
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	16	230	\$36,281	\$2,268	\$158	14
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	81	654	\$587,202	\$7,249	\$898	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	24	260	\$33,472	\$1,395	\$129	11
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	270	2,515	\$2,048,104	\$7,586	\$814	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	61	634	\$58,944	\$966	\$93	10
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472	-		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636	-		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901	·		Encounter	0	0	\$0	\$0	\$0	0

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Kalamazoo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	2	16	\$4,133	\$2,066	\$258	8
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	94	95	\$15,117	\$161	\$159	1
Assessment		90792		Encounter	328	333	\$323,129	\$985	\$970	1
Mental Health: Outpatient Care		90832		30 Minutes	6	8	\$583	\$97	\$73	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	67	465	\$62,613	\$935	\$135	7
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	37	235	\$17,004	\$460	\$72	6
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	21	528	\$18,816	\$896	\$36	25

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Kalamazoo				Unit						
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Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	94	469	\$6,812	\$72	\$15	5
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

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Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$134	\$134	\$134	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	3	3	\$687	\$229	\$229	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	8	8	\$2,773	\$347	\$347	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	22	22	\$12,881	\$585	\$585	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	114	114	\$75,937	\$666	\$666	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	193	1,129	\$82,995	\$430	\$74	6
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	150	220	\$29,277	\$195	\$133	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	758	1,446	\$255,586	\$337	\$177	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,265	3,242	\$995,570	\$787	\$307	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	447	691	\$435,947	\$975	\$631	2
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	37	39	\$2,641	\$71	\$68	1
Additional Codes-Physician Services		99222		50 Minutes	67	72	\$7,167	\$107	\$100	1
Additional Codes-Physician Services		99223		70 Minutes	197	221	\$21,955	\$111	\$99	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

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Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	301	1,084	\$65,207	\$217	\$60	4
Additional Codes-Physician Services		99232		25 minutes	292	1,339	\$86,069	\$295	\$64	5
Additional Codes-Physician Services		99233		35 Minutes	279	1,000	\$71,905	\$258	\$72	4
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	1	1	\$161	\$161	\$161	1
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Mesceneris	Kalamazoo	D G 1	Hanas a 1	M 116	Unit	_	** ·	_	0.10	G all is	H ://G
Mestenerish 1932 Browner 0 0 0 9 19 19 19 19 1	Service Category	Revenue Code		Modifier							
Mescaners	Assessment				Encounter						0
Seconseri	Assessment				Encounter			<u> </u>			0
Mactement	Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment	Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assentance	Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration	Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Medication Alministration	Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Medicant Management	Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Per mile	Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Permitte A0090	Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Percentation	Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation	Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Person-way trip 0	Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Subtance Abose: Transportation	Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Persone-way trip	Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Personation A0130	Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Mainsportation	Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Personation	Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation			A0140			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation A0427 Refer to code descriptions. B1399 Rems 0 0 0 0 0 0 0 0 0	Transportation		A0170		· · ·	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies E1399 Rems 0 0 50 50 50 0 50 50	Additional Codes-Transportation		A0425		Per Mile	2	111	\$711	\$356	\$6	56
Family Training/Support EBP only G0177 Encounter Session at least 45 min 0 0 0 50 50 50 0 0	Additional Codes-Transportation		A0427			0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services G0409 G0409 G15 Minutes G0 G0 S0 S0 S0 G0 S0 S0	Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment H0001 Encounter 0 0 50 50 50 50 50 50	Family Training/Support EBP only		G0177			0	0	\$0	\$0	\$0	0
Assessment H0002 Encounter 1,259 2,709 \$864,216 \$686 \$319 2	Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory H0003 Encounter 0 0 \$0	Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0004 15 Minutes 0 0 \$0	Assessment		H0002		Encounter	1,259	2,709	\$864,216	\$686	\$319	2
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0005 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management H0006 Encounter 0 0 \$0	Substance Abuse: Outpatient Treatment		H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Outpatient Treatment</td><td></td><td>H0005</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Outpatient Treatment		H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Case Management</td><td></td><td>H0006</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0010</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0012</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 163 2,100 \$895,659 \$5,495 \$427 13 Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0014			0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 163 2,100 \$895,659 \$5,495 \$427 13 Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Crisis Residential Services		H0018		Days	163	2,100	\$895,659	\$5,495	\$427	13
·	-	1002		HF	<u> </u>						0
	-						0				0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Kalamazoo	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Trevenue code				0	0	\$0	\$0		
Substance Abuse: Methadone		H0020		Encounter		0	\$0 \$0	\$0 \$0	\$0 \$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0		\$0 \$0	\$0 \$0	\$0 \$0	0
Peer Directed and Operated Support Services		H0023		Encounter		0				0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	8	9	\$2,840	\$355	\$316	1
Assessment		H0031		Encounter	201	207	\$47,336	\$236	\$229	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$644	\$644	\$644	1
Treatment Planning		H0032		Encounter	322	377	\$177,237	\$550	\$470	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	278	13,868	\$523,907	\$1,885	\$38	50
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$186,434	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	241	42,078	\$928,625	\$3,853	\$22	175
Community Living Supports in Independent living/own home		H0043		Per diem	77	22,617	\$865,589	\$11,241	\$38	294
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	57	171	\$2,800	\$49	\$16	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	572	1,579	\$187,945	\$329	\$119	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	32	56,120	\$160,125	\$5,004	\$3	1,754
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	39	35,462	\$155,779	\$3,994	\$4	909
Community Living Supports (Daily)		H2016		Per Diem	162	49,411	\$5,580,954	\$34,450	\$113	305
Behavior Services		H2019		15 Minutes	107	6,407	\$188,873	\$1,765	\$29	60
Behavior Services		H2019	TT	15 Minutes	89	9,920	\$71,666	\$805	\$7	111
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	185	24,214	\$317,776	\$1,718	\$13	131
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Kalamazoo	D C. 1.	HCDCC C- 1-	M. P.C.	Unit		TT-14-		G1/G	C/II-i	II. it/Com
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	141	126,920	\$624,987	\$4,433	\$5	900
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	13	17	\$1,584	\$122	\$93	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	584	4,497	\$146,080	\$250	\$32	8
Respite Care		T1005		15 Minutes	2	800	\$1,133	\$567	\$1	400
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Kalamazoo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	138	12,632	\$519,893	\$3,767	\$41	92
Targeted Case Management		T1017		15 minutes	1,222	80,967	\$2,627,964	\$2,151	\$32	66
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	19	728	\$16,066	\$846	\$22	38
Personal Care in Licensed Specialized Residential Setting		T1020		Days	154	47,019	\$3,477,618	\$22,582	\$74	305
Assessments		T1023		Encounter	641	878	\$421,660	\$658	\$480	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	6	53	\$5,346	\$891	\$101	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					3,794		\$24,863,958			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lapeer	Revenue Code	HCPCS Code	Modifier	Unit	Corre	Units	G. H	Cost/Case	Cost/Unit	Unit/Case
Service Category		TICFCS Code		Measure	Cases		Cost			
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	17	148	\$98,637	\$5,802	\$666	9
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	157	1,243	\$800,756	\$5,100	\$644	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$63,777	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Lapeer				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			1	1	\$187	\$187	\$187	1
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	20	20	\$9,107	\$455	\$455	1
Assessment		90792		Encounter	132	134	\$59,604	\$452	\$445	1
Mental Health: Outpatient Care		90832		30 Minutes	120	219	\$14,501	\$121	\$66	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	418	3,841	\$433,131	\$1,036	\$113	9
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	133	441	\$67,491	\$507	\$153	3
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	11	37	\$4,352	\$396	\$118	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	56	611	\$14,861	\$265	\$24	11

Michigan Department of Health and Human Services

Adults with Mental Illness

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Lapeer				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	12	\$4,119	\$1,373	\$343	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	33	360	\$13,379	\$405	\$37	11
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Lapeer				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2	3	\$94	\$47	\$31	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	319	643	\$74,973	\$235	\$117	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	391	1,103	\$213,630	\$546	\$194	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	124	185	\$48,005	\$387	\$259	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lapeer	December Co. In	HCPCS Code	M. P.C.	Unit		TT-14-		G1/G	Cont. Hois	H-i/G
Service Category	Revenue Code		Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lapeer		wanaa a .		Unit		** .				******
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	17	164	\$47,149	\$2,773	\$287	10
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Section Sect	Lapeer				Unit						
Seminer Anne English Biserensine 1902 Semaner 0 0 30 30 30 30 30 30	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Per Penerse Manuel Negoral Norses 18023 19 19 19 19 19 19 19 1	Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Sement Norwerly Nor	Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Pecus 1903 Pecus 1903 Pecus 1904 Pecus 1905 Pecus Pecus 1905 Pecus Pe	Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Manufact 1901	Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Segentationally Sealer (Self Pisco-teric Assessment) 1803 180 1803 1804 1805 18	Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Part	Assessment		H0031		Encounter	477	488	\$94,389	\$198	\$193	1
Monitaries Classians	Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Per	Treatment Planning		H0032		Encounter	423	576	\$85,745	\$203	\$149	1
Per Brener Per	Monitoring of Treatment - Clinician		H0032	TS	Encounter	271	524	\$72,608	\$268	\$139	2
Home Baned Services	Substance Abuse: Pharmalogical Support - Suboxane		H0033			0	0	\$0	\$0	\$0	0
Remail Based Services	Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services 18038 15 minutes 182 2,717 \$100,489 530 530 0.	Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services	Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Above: Recovery Support Services	Peer Directed and Operated Support Services		H0038		15 minutes	182	2,717	\$108,489	\$596	\$40	15
Peer Directed and Operated Support Services	Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Assertive Community Trientment (ACT)	Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent iiving own home	Peer Directed and Operated Support Services		NA			0	0	\$104,445	\$0	\$0	0
Respite	Assertive Community Treatment (ACT)		H0039		15 Minutes	66	14,221	\$590,105	\$8,941	\$41	215
Per Directed and Operated Support Services	Community Living Supports in Independent living/own home		H0043		Per diem	17	5,508	\$254,629	\$14,978	\$46	324
Substance Abuse: Laboratory H0048 Encounter 15 Minutes 15 Mi	Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H050 15 Minutes 0 0 50 \$0	Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Pachavior Treatment Plan Review Monitoring Activities H2000 TS Encounter Debaying Treatment Plan Review Monitoring Activities H2000 TS Encounter Debaying Treatment Plan Review Monitoring Activities H2010 TS Encounter Debaying Treatment Plan Review Monitoring Activities H2010 TS Encounter Debaying Treatment Plan Review Monitoring Activities H2010 TS Encounter Debaying Treatment Plan Review Monitoring Activities H2010 TS Encounter Debaying Treatment Plan Review Monitoring Activities H2011 H201	Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities H2000 TS Encounter 0 0 80 80 90 Comprehensive Medication Services - EBP only H2010 15 minutes 1 3 6188 8618 \$206 3 Crisis Intervention H2011 H5 Minutes 52 158 \$11,122 \$214 \$70 3 Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 50 \$0	Substance Abuse: Outpatient Treatment		H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only H2010 15 minutes 1 3 \$618 \$618 \$206 3 Crisis Intervention H2011 15 Minutes 52 158 \$11,122 \$214 \$70 3 Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 \$0	Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Crisis Intervention H2011 15 Minutes 52 158 \$11,122 \$214 \$70 3 Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 \$0	Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 50 50 50 40 Skill-Building and Out of Home Non Vocational Habilitation H2014 HK 15 minutes 72 30,046 \$143,794 \$1,997 \$5 417 Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 50 \$0 <t< td=""><td>Comprehensive Medication Services - EBP only</td><td></td><td>H2010</td><td></td><td>15 minutes</td><td>1</td><td>3</td><td>\$618</td><td>\$618</td><td>\$206</td><td>3</td></t<>	Comprehensive Medication Services - EBP only		H2010		15 minutes	1	3	\$618	\$618	\$206	3
Skill-Building and Out of Home Non Vocational Habilitation H2014 H5 minutes 72 30,046 \$143,794 \$1,997 \$5 417 Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 50 \$0	Crisis Intervention		H2011		15 Minutes	52	158	\$11,122	\$214	\$70	3
Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0 <	Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes) H2015 15 Minutes 50 4,806 \$22,267 \$445 \$5 96 Community Living Supports (Daily) H2016 Per Diem 31 7,749 \$1,079,847 \$34,834 \$139 250 Behavior Services H2019 TT 15 Minutes 35 2,264 \$84,524 \$2,415 \$37 65 Behavior Services H2019 TT 15 Minutes 23 3,252 \$121,483 \$5,282 \$37 141 Wraparound H2021 15 Minutes 0 0 \$0	Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	72	30,046	\$143,794	\$1,997	\$5	417
Community Living Supports (Daily) H2016 Per Diem 31 7,749 \$1,079,847 \$34,834 \$139 250 Behavior Services H2019 15 Minutes 35 2,264 \$84,524 \$2,415 \$37 65 Behavior Services H2019 TT 15 Minutes 23 3,252 \$121,483 \$5,282 \$37 141 Wraparound H2021 15 Minutes 0 0 \$0	Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services H2019 15 Minutes 35 2,264 \$84,524 \$2,415 \$37 65 Behavior Services H2019 TT 15 Minutes 23 3,252 \$121,483 \$5,282 \$37 141 Wraparound H2021 15 Minutes 0 0 \$0	Community Living Supports (15 Minutes)		H2015		15 Minutes	50	4,806	\$22,267	\$445	\$5	96
Behavior Services H2019 TT 15 Minutes 23 3,252 \$121,483 \$5,282 \$37 141 Wraparound H2021 15 Minutes 0 0 \$0 <td>Community Living Supports (Daily)</td> <td></td> <td>H2016</td> <td></td> <td>Per Diem</td> <td>31</td> <td>7,749</td> <td>\$1,079,847</td> <td>\$34,834</td> <td>\$139</td> <td>250</td>	Community Living Supports (Daily)		H2016		Per Diem	31	7,749	\$1,079,847	\$34,834	\$139	250
Wraparound H2021 15 Minutes 0 0 \$0 <td>Behavior Services</td> <td></td> <td>H2019</td> <td></td> <td>15 Minutes</td> <td>35</td> <td>2,264</td> <td>\$84,524</td> <td>\$2,415</td> <td>\$37</td> <td>65</td>	Behavior Services		H2019		15 Minutes	35	2,264	\$84,524	\$2,415	\$37	65
Wraparound (SED Waiver) H2022 Days 0 0 \$0 <th< td=""><td>Behavior Services</td><td></td><td>H2019</td><td>TT</td><td>15 Minutes</td><td>23</td><td>3,252</td><td>\$121,483</td><td>\$5,282</td><td>\$37</td><td>141</td></th<>	Behavior Services		H2019	TT	15 Minutes	23	3,252	\$121,483	\$5,282	\$37	141
Wraparound (SED Waiver) H2022 TT Days 0 0 \$0 <th< td=""><td>Wraparound</td><td></td><td>H2021</td><td></td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services H2023 15 minutes 55 975 \$2,903 \$53 \$3 18	Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
	Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Mental Health Therapy H2027 15 Minutes 0 0 \$0	Supported Employment Services		H2023		15 minutes	55	975	\$2,903	\$53	\$3	18
	Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Lapeer				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	105,952	\$637,820	\$0	\$6	0
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	НА	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	13	57	\$8,928	\$687	\$157	4
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	25	194	\$3,881	\$155	\$20	8
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lapeer				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	235	9,467	\$563,892	\$2,400	\$60	40
Targeted Case Management		T1017		15 minutes	2	84	\$3,182	\$1,591	\$38	42
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	31	7,779	\$102,562	\$3,308	\$13	251
Assessments		T1023		Encounter	184	229	\$28,458	\$155	\$124	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					872		\$6,093,446			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lenawee				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	3	27	\$21,163	\$7,054	\$784	9
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	241	1,313	\$1,026,232	\$4,258	\$782	5
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	128	128	\$112,679	\$880	\$880	1
Mental Health: Outpatient Care		90832		30 Minutes	5	8	\$1,798	\$360	\$225	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	50	251	\$19,288	\$386	\$77	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	33	190	\$55,897	\$1,694	\$294	6
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	21	\$6,580	\$6,580	\$313	21
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	8	32	\$20,543	\$2,568	\$642	4

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	1	1	\$77	\$77	\$77	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	6	\$854	\$854	\$142	6
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	81	967	\$92,840	\$1,146	\$96	12
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	3	8	\$777	\$259	\$97	3
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	212	365	\$67,988	\$321	\$186	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	546	1,365	\$384,021	\$703	\$281	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	338	581	\$251,411	\$744	\$433	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	43	48	\$29,452	\$685	\$614	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	1	1	\$139	\$139	\$139	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	1	6	\$298	\$298	\$50	6
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	1	\$7	\$7	\$7	1
Assessment		99335		Encounter	1	1	\$10	\$10	\$10	1
Assessment		99336		Encounter	1	1	\$14	\$14	\$14	1
Assessment		99337		Encounter	1	1	\$21	\$21	\$21	1
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lenawee	Revenue Code	HCPCS Code	Modifier	Unit	G	Units	G. :	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Wiodiffer	Measure	Cases		Cost			
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	2	12	\$1,455	\$728	\$121	6
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lenawee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	283	6,116	\$73,742	\$261	\$12	22
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	554	607	\$220,838	\$399	\$364	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	8	10	\$998	\$125	\$100	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	7	67	\$5,618	\$803	\$84	10
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	3	132	\$6,500	\$2,167	\$49	44
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	126	819	\$57,491	\$456	\$70	7
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	12	12	\$463	\$39	\$39	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	116	257	\$29,454	\$254	\$115	2
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	46	26,029	\$97,702	\$2,124	\$4	566
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	13	107,006	\$301,607	\$23,201	\$3	8,231
Community Living Supports (Daily)		H2016		Per Diem	31	8,137	\$1,084,381	\$34,980	\$133	262
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	19	498	\$2,716	\$143	\$5	26
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Lenawee	B 0.1	yanaa a .		Unit		** .				******
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	938	\$9,551	\$4,775	\$10	469
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	5	60	\$84,251	\$16,850	\$1,404	12
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	5	125	\$10,100	\$2,020	\$81	25
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	1	1	\$209	\$209	\$209	1
Health Services		T1002		Up to 15 min	1	6	\$251	\$251	\$42	6
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	9	76	\$8,772	\$975	\$115	8
Targeted Case Management		T1017		15 minutes	403	10,774	\$1,421,516	\$3,527	\$132	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	11	165	\$19,798	\$1,800	\$120	15
Personal Care in Licensed Specialized Residential Setting		T1020		Days	31	8,136	\$510,525	\$16,469	\$63	262
Assessments		T1023		Encounter	221	264	\$80,178	\$363	\$304	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					15	0	\$6,917	\$461	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			2	0	\$305	\$153	\$0	0
Total Population and Cost					1,165		\$6,127,425			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

LifeWays	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category		Tieres code								
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	58	610	\$344,210	\$5,935	\$564	11
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	552	4,479	\$2,989,428	\$5,416	\$667	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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LifeWays				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	27	198	\$67,383	\$2,496	\$340	7
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	71	71	\$69,967	\$985	\$985	1
Assessment		90792		Encounter	589	593	\$384,409	\$653	\$648	1
Mental Health: Outpatient Care		90832		30 Minutes	326	491	\$24,812	\$76	\$51	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	923	7,398	\$619,919	\$672	\$84	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	375	1,554	\$116,725	\$311	\$75	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	41	510	\$22,089	\$539	\$43	12

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LifeWays				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	2	10	\$5,445	\$2,723	\$545	5
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	32	\$3,308	\$473	\$103	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	113	1,327	\$283,670	\$2,510	\$214	12
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	10	10	\$2,033	\$203	\$203	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

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LifeWays				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	27	117	\$4,233	\$157	\$36	4
Assessment or Health Services		97803		15 Minutes	19	80	\$2,894	\$152	\$36	4
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$22	\$22	\$22	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	26	26	\$3,073	\$118	\$118	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	15	15	\$2,148	\$143	\$143	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	410	651	\$220,037	\$537	\$338	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	450	741	\$160,843	\$357	\$217	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,442	5,225	\$1,459,001	\$1,012	\$279	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,007	2,689	\$576,148	\$572	\$214	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	74	77	\$18,967	\$256	\$246	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$100	\$100	\$100	1
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$200	\$100	\$100	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

LifeWays		yanaa a .		Unit		** .		aa		***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	5	\$501	\$501	\$100	5
Additional Codes-Physician Services		99232		25 minutes	3	14	\$1,403	\$468	\$100	5
Additional Codes-Physician Services		99233		35 Minutes	3	13	\$1,302	\$434	\$100	4
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Assessment Assessment Assessment	Revenue Code	99342	Modifier	Measure Encounter	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment Assessment				Encounter						
Assessment		00242		Elicountei	0	0	\$0	\$0	\$0	0
-		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	3	5	\$522	\$174	\$104	2
Assessment		99349		Encounter	4	4	\$251	\$63	\$63	1
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	4	366	\$1,694	\$423	\$5	92
Additional Codes-Transportation		A0427		Refer to code descriptions.	4	4	\$499	\$125	\$125	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1,628	1,731	\$206,897	\$127	\$120	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	200	1,246	\$460,848	\$2,304	\$370	6
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

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LifeWays Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	156	4,794	\$33,808	\$217	\$7	31
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	14	106	\$8.657	\$618	\$82	8
Assessment		H0031		Encounter	1,266	1,316	\$251,506	\$199	\$191	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Elicounter	0	0	\$231,300	\$199	\$191	0
Treatment Planning		H0031		Encounter	1,104	3,259	\$272,141	\$247	\$84	3
Monitoring of Treatment - Clinician		H0032	TS	Encounter	47	187	\$33,628	\$715	\$180	4
Substance Abuse: Pharmalogical Support - Suboxane		H0032	13	Direct Observation	0	0	\$0	\$0	\$180	0
Substance Aduse: Friarmaiogical Support - Suboxane		H0055		Encounter	U	Ü	\$0	\$0	\$0	U
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	9	536	\$51,762	\$5,751	\$97	60
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	119	17,878	\$531,748	\$4,468	\$30	150
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	264	79,831	\$2,902,100	\$10,993	\$36	302
Community Living Supports in Independent living/own home		H0043		Per diem	128	17,333	\$1,532,677	\$11,974	\$88	135
Respite		H0045		Days	3	54	\$6,219	\$2,073	\$115	18
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	1	\$18	\$18	\$18	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1,130	5,444	\$222,014	\$196	\$41	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13	9,469	\$55,291	\$4,253	\$6	728
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	114	119,873	\$593,480	\$5,206	\$5	1,052
Community Living Supports (Daily)		H2016		Per Diem	61	17,734	\$2,759,834	\$45,243	\$156	291
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	27	6,531	\$103,117	\$3,819	\$16	242
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

LifeWays	D C. 1.	HCDCG C- 1	M. Ec.	Unit		Tinin		Gent/Gen	C	H-i/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	41	81,660	\$410,189	\$10,005	\$5	1,992
Home Based Services		H2033		15 Minutes	1	23	\$1,672	\$1,672	\$73	23
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	32	130	\$13,962	\$436	\$107	4
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	84	395	\$62,143	\$740	\$157	5
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	1,227	1,274	\$306,490	\$250	\$241	1
Health Services		T1002		Up to 15 min	466	1,348	\$52,939	\$114	\$39	3
Respite Care		T1005		15 Minutes	3	3,208	\$6,114	\$2,038	\$2	1,069
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

LifeWays				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	26	1,489	\$56,389	\$2,169	\$38	57
Targeted Case Management		T1017		15 minutes	1,295	45,676	\$2,152,685	\$1,662	\$47	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	28	1,493	\$45,526	\$1,626	\$30	53
Personal Care in Licensed Specialized Residential Setting		T1020		Days	31	8,752	\$1,093,076	\$35,261	\$125	282
Assessments		T1023		Encounter	136	150	\$14,408	\$106	\$96	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	53	196	\$12,486	\$236	\$64	4
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	271	510	\$83,002	\$306	\$163	2
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	10	96	\$14,383	\$1,438	\$150	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	15	15	\$9,948	\$663	\$663	1
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes	·	ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					4,361		\$21,748,395			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Livingston				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	3	21	\$13,695	\$4,565	\$652	7
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	201	1,697	\$1,457,378	\$7,251	\$859	8
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	3	21	\$4,100	\$1,367	\$195	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Livingston				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	2	2	\$1,435	\$717	\$717	1
Assessment		90792		Encounter	87	87	\$63,794	\$733	\$733	1
Mental Health: Outpatient Care		90832		30 Minutes	238	653	\$66,704	\$280	\$102	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	289	945	\$171,187	\$592	\$181	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	313	2,570	\$567,156	\$1,812	\$221	8
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	4	22	\$5,718	\$1,430	\$260	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	67	654	\$94,590	\$1,412	\$145	10

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Livingston	Revenue Code	HCPCS Code	Modifier	Unit	C	Units	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category				Measure	Cases		Cost			
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	13	\$2,213	\$369	\$170	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	94	871	\$150,310	\$1,599	\$173	9
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Livingston				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	1	5	\$152	\$152	\$30	5
Assessment or Health Services		97803		15 Minutes	1	1	\$30	\$30	\$30	1
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	3	3	\$589	\$196	\$196	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	87	118	\$20,352	\$234	\$172	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	535	2,101	\$527,820	\$987	\$251	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	203	397	\$150,433	\$741	\$379	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	21	49	\$17,158	\$817	\$350	2
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Livingston	D C.1	Hanas a 1	M. P.C.	Unit	_	** **	_	0.10	C all is	TI ::/G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Livingston	Revenue Code	HCPCS Code	Modifier	Unit	G	Units	0	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Modifier	Measure	Cases		Cost			
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	199	213	\$41,588	\$209	\$195	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Livingston	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Trevenue code		- Triounier		0	0	\$0	\$0	\$0	
Substance Abuse: Methadone		H0020		Encounter		0	\$0	\$0 \$0	\$0 \$0	0
Substance Abuse: Early Intervention		H0022		Encounter	9				\$82	0
Peer Directed and Operated Support Services		H0023		Encounter		875	\$71,773	\$7,975		97
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	223	247	\$95,841	\$430	\$388	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		5	5	\$2,744	\$549	\$549	1
Treatment Planning		H0032		Encounter	9	10	\$1,256	\$140	\$126	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	13	\$1,029	\$343	\$79	4
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	18	1,033	\$66,698	\$3,705	\$65	57
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	96	5,105	\$176,209	\$1,836	\$35	53
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	62	8,743	\$761,373	\$12,280	\$87	141
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	182	633	\$39,067	\$215	\$62	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	368	\$1,148	\$1,148	\$3	368
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	134	183,572	\$516,363	\$3,853	\$3	1,370
Community Living Supports (Daily)		H2016		Per Diem	10	2,909	\$376,522	\$37,652	\$129	291
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	4	135	\$13,354	\$3,339	\$99	34
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0 \$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Livingston				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	64	79,993	\$412,221	\$6,441	\$5	1,250
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	\$1,202	\$1,202	\$1,202	1
Personal Emergency Response System (PERS)		S5161		Month	6	58	\$92,765	\$15,461	\$1,599	10
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	5	163	\$11,006	\$2,201	\$68	33
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	1	1	\$431	\$431	\$431	1
Health Services		T1002		Up to 15 min	75	211	\$30,033	\$400	\$142	3
Respite Care		T1005		15 Minutes	2	1,325	\$5,808	\$2,904	\$4	663
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Livingston				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	12	199	\$26,157	\$2,180	\$131	17
Targeted Case Management		T1017		15 minutes	414	10,335	\$742,719	\$1,794	\$72	25
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	13	163	\$11,714	\$901	\$72	13
Personal Care in Licensed Specialized Residential Setting		T1020		Days	7	1,801	\$118,481	\$16,926	\$66	257
Assessments		T1023		Encounter	93	108	\$23,274	\$250	\$216	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	3	\$132	\$132	\$44	3
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	7	81	\$2,700	\$386	\$33	12
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,245		\$6,958,421			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Macomb				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	426	4,280	\$2,481,619	\$5,825	\$580	10
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	1,556	15,177	\$9,210,861	\$5,920	\$607	10
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	938	1,426	\$276,633	\$295	\$194	2
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	2	13	\$4,701	\$2,351	\$362	7

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Macomb				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	262	1,686	\$467,261	\$1,783	\$277	6
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	730	764	\$115,057	\$158	\$151	1
Assessment		90792		Encounter	1,563	1,984	\$508,394	\$325	\$256	1
Mental Health: Outpatient Care		90832		30 Minutes	646	1,226	\$104,824	\$162	\$86	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	9	12	\$1,485	\$165	\$124	1
Mental Health: Outpatient Care		90834		45 Minutes	1,888	8,397	\$841,364	\$446	\$100	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	8	8	\$1,913	\$239	\$239	1
Mental Health: Outpatient Care		90837		60 Minutes	1,181	5,182	\$806,133	\$683	\$156	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	4	5	\$1,523	\$381	\$305	1
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3	3	\$915	\$305	\$305	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	28	69	\$9,008	\$322	\$131	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	425	3,311	\$147,486	\$347	\$45	8

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Macomb				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	42	61	\$15,544	\$370	\$255	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	1	1	\$83	\$83	\$83	1
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	4	4	\$1,055	\$264	\$264	1
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	429	3,466	\$415,088	\$968	\$120	8
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Macomb				Unit				aa		***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	1	1	\$130	\$130	\$130	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	9	9	\$1,650	\$183	\$183	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	111	111	\$19,166	\$173	\$173	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	68	68	\$14,389	\$212	\$212	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	524	760	\$68,698	\$131	\$90	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	508	1,049	\$71,073	\$140	\$68	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,879	5,264	\$471,404	\$251	\$90	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,871	7,483	\$1,147,639	\$613	\$153	4
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	281	370	\$93,548	\$333	\$253	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	3	\$257	\$129	\$86	2
Additional Codes-Physician Services		99222		50 Minutes	6	8	\$921	\$154	\$115	1
Additional Codes-Physician Services		99223		70 Minutes	28	31	\$5,280	\$189	\$170	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Macomb				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	5	12	\$396	\$79	\$33	2
Additional Codes-Physician Services		99232		25 minutes	51	320	\$19,324	\$379	\$60	6
Additional Codes-Physician Services		99233		35 Minutes	5	5	\$437	\$87	\$87	1
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	1	1	\$29	\$29	\$29	1
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	1	1	\$67	\$67	\$67	1
Physician Consultations		99254		80 Minutes	4	5	\$488	\$122	\$98	1
Physician Consultations		99255		110 Minutes	7	7	\$824	\$118	\$118	1
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99305		35 Minutes	1	1	\$109	\$109	\$109	1
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	0
Nursing Facility Services evaluation and management		99307		10 Minutes	1	1	\$37	\$37	\$37	1
Nursing Facility Services evaluation and management		99308		15 Minutes	7	8	\$463	\$66	\$58	1
Nursing Facility Services evaluation and management		99309		25 minutes	11	12	\$915	\$83	\$76	1
Nursing Facility Services evaluation and management		99310		35 Minutes	3	3	\$340	\$113	\$113	1
Assessment		99324		Encounter	2	2	\$450	\$225	\$225	1
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	1	\$10	\$10	\$10	1
Assessment	-	99335		Encounter	1	3	\$47	\$47	\$16	3
Assessment	-	99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment	-	99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Macomb	D C 1	HODGG G I	M 116	Unit	_	TT 1:	_	G ./G	G . M. i.	H ://G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	6	19	\$2,213	\$369	\$116	3
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	206	225	\$15,844	\$77	\$70	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	336	3,086	\$1,235,819	\$3,678	\$400	9
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Macomb Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$223,488	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	3,491	3,901	\$883,207	\$253	\$226	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	7	7	\$3,716	\$531	\$531	1
Treatment Planning		H0032		Encounter	2,266	3,209	\$510,793	\$225	\$159	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	838	1,147	\$128,765	\$154	\$112	1
Substance Abuse: Pharmalogical Support - Suboxane		H0032	13	Direct Observation	0	0	\$0	\$134	\$112	0
Substance Abuse. Filannaiogical Support - Suboxane		110033		Encounter	Ü	O	30	30	\$0	U
Health Services		H0034		15 Minutes	84	934	\$80,867	\$963	\$87	11
Home Based Services		H0036		15 Minutes	69	5,961	\$332,018	\$4,812	\$56	86
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	666	5,826	\$243,644	\$366	\$42	9
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	158	22,075	\$1,774,330	\$11,230	\$80	140
Community Living Supports in Independent living/own home		H0043		Per diem	102	27,309	\$1,763,226	\$17,287	\$65	268
Respite		H0045		Days	1	11	\$2,522	\$2,522	\$229	11
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	20	106	\$8,427	\$421	\$80	5
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	21	245	\$36,192	\$1,723	\$148	12
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	392	1,988	\$167,309	\$427	\$84	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	102	130,193	\$323,611	\$3,173	\$2	1,276
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	1	736	\$2,576	\$2,576	\$4	736
Community Living Supports (15 Minutes)		H2015		15 Minutes	136	283,257	\$932,688	\$6,858	\$3	2,083
Community Living Supports (Daily)		H2016		Per Diem	249	76,927	\$7,751,144	\$31,129	\$101	309
Behavior Services		H2019		15 Minutes	44	1,626	\$132,267	\$3,006	\$81	37
Behavior Services		H2019	TT	15 Minutes	30	4,168	\$71,464	\$2,382	\$17	139
Wraparound		H2021		15 Minutes	2	129	\$10,361	\$5,181	\$80	65
Wraparound (SED Waiver)		H2022		Days	9	169	\$59,972	\$6,664	\$355	19
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	8	3,519	\$9,042	\$1,130	\$3	440
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

The shore About Sevines Chapter Case	Macomb	D 0.1	Hanas a 1	M 115	Unit	_	TT 1:	_	0	G	H ::/G
Manushan Physiosal Rishaliminin Programs	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Mariene Aberes Congresser	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
1871 1872 1873 1874 1875	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	119	174,446	\$1,049,739	\$8,821	\$6	1,466
Part	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Parametrian	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Per-Nile 10 10 10 10 10 10 10 1	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Selection Sele	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Samply Training	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Secondary Training Secondary Secon	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Segret Family Training Sill HA Encounter 0 0 Sil Sil Sil HA Encounter 0 0 Sil	Family Training - EBP		S5110		15 Minutes	7	113	\$9,089	\$1,298	\$80	16
Samply Training S5111 HM Incounter 6 0 0 0 510,059 S2,200 S155 HTT/AIA family Training S5111 US Incounter 0 0 0 0 50 50 50 50 50 50 50 50 50 50 5	Family Training		S5111		Encounter	4	43	\$6,926	\$1,732	\$161	11
MTABA Family Training	Family Training		S5111	НА	Encounter	0	0	\$0	\$0	\$0	0
Select Care	Family Training		S5111	НМ	Encounter	6	70	\$13,679	\$2,280	\$195	12
Select Care	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Sepite SS150	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Per Dilet	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161 Month 0 0 S0 S0 S0 S0 S0 S0	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Respone System (PERS) S5161 Month 0 0 50 50 50 50 50 50	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Service Serv	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Simblanced Medical Equipment-Supplies Sis199 Riems 0 0 0 Sis S	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
September Sept	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Feath Services S9445 Encounter 275 1,644 \$426,939 \$1,553 \$260	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Realth Services S946 Encounter 22 87 \$6,606 \$300 \$76 Realth Services S9470 Encounter 0 0 0 \$0 \$0 \$0 \$0 Realth Services - Direct Model S9482 15 minutes 0 0 \$0 \$0 \$0 \$0 Realth Services - Direct Model S9482 15 minutes 0 0 \$0 \$0 \$0 \$0 Realth Services - Direct Model S9482 15 minutes 0 0 \$0 \$0 \$0 \$0 Realth Services - Direct Model S9484 Hour 9 14 \$6,696 \$744 \$478 Realth Services - 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 Private Duty Nursing T1000 TE Up to 15 min 0 0 \$0 \$0 \$0 \$0 Private Duty Nursing T1001 Encounter 306 317 \$86,943 \$284 \$274 Realth Services - T1002 Up to 15 min 282 1,521 \$100,974 \$358 \$66 Realth Services - T1005 TD 15 Minutes 11 15,341 \$52,475 \$4,770 \$3 1 Respite Care T1005 TD 15 Minutes 1 736 \$8,264 \$8,264 \$11 Respite Care T1005 TD 15 Minutes 0 0 0 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TI 15 minutes 0 0 0 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TI 15 minutes 0 0 0 0 0 0 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TI 15 minutes 0 0 0 0 0 0 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TI 15 minutes 0 0 0 0 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TI 15 minutes 0 0 0 0 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TI 15 minutes 0 0 0 0 0 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TI 15 minutes 0 0 0 0 0 0 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 TI 15 minutes 0 0 0 0 0 0 0 0 Re	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Feath Services S9470 Encounter 0 0 50 50 50 50 50 50	Health Services		S9445		Encounter	275	1,644	\$426,939	\$1,553	\$260	6
Prevention Services - Direct Model S9482 15 minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Health Services		S9446		Encounter	22	87	\$6,606	\$300	\$76	4
Hour	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Paris Pari	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board S9976 HF Days 0 0 \$0 \$0 \$0 Private Duty Nursing T1000 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 Private Duty Nursing T1000 TE Up to 15 min 0 0 \$0 <td>Intensive Crisis Stabilization-Enrolled Program</td> <td></td> <td>S9484</td> <td></td> <td>Hour</td> <td>9</td> <td>14</td> <td>\$6,696</td> <td>\$744</td> <td>\$478</td> <td>2</td>	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	9	14	\$6,696	\$744	\$478	2
Private Duty Nursing T1000 Up to 15 min 0 0 50 50 50 Private Duty Nursing T1000 TD Up to 15 min 0 0 50 50 50 Assessment T1001 Encounter 306 317 \$86,943 \$24 \$274 Health Services T1002 Up to 15 min 282 1,521 \$100,974 \$358 \$66 Respite Care T1005 TD 15 Minutes 11 15,341 \$52,475 \$4,770 \$3 1 Respite Care T1005 TD 15 Minutes 1 736 \$8,264 \$8,264 \$11 Respite Care T1005 TE 15 Minutes 0 0 50 50 50 Respite Care T1005 TE 15 Minutes 0 0 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 50 50 50	Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing TI 1000 TE Up to 15 min 0 0 \$0	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Time	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 282 1,521 \$100,974 \$358 \$66 Respite Care T1005 15 Minutes 11 15,341 \$52,475 \$4,770 \$3 1 Respite Care T1005 TD 15 Minutes 1 736 \$8,264 \$8,264 \$11 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	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 11 15,341 \$52,475 \$4,770 \$3 1 Respite Care T1005 TD 15 Minutes 1 736 \$8,264 \$8,264 \$11 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	Assessment		T1001		Encounter	306	317	\$86,943	\$284	\$274	1
Respite Care T1005 TD 15 Minutes 1 736 \$8,264 \$8,264 \$11 Respite Care T1005 TE 15 Minutes 0 0 \$0	Health Services		T1002		Up to 15 min	282	1,521	\$100,974	\$358	\$66	5
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	Respite Care		T1005		15 Minutes	11	15,341	\$52,475	\$4,770	\$3	1,395
Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 \$0 \$0 \$0 \$0	Respite Care		T1005	TD	15 Minutes	1	736	\$8,264	\$8,264	\$11	736
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Macomb				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	11	23	\$5,136	\$467	\$223	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	224	2,873	\$223,031	\$996	\$78	13
Targeted Case Management		T1017		15 minutes	3,133	77,109	\$5,803,574	\$1,852	\$75	25
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	89	2,445	\$210,416	\$2,364	\$86	27
Personal Care in Licensed Specialized Residential Setting		T1020		Days	249	76,964	\$4,105,636	\$16,488	\$53	309
Assessments		T1023		Encounter	158	177	\$24,652	\$156	\$139	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	7	69	\$8,583	\$1,226	\$124	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	1	\$716	\$716	\$716	1
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	82	727	\$119,212	\$1,454	\$164	9
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			43	0	\$4,414	\$103	\$0	0
Total Population and Cost					7,430		\$46,308,243			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Manistee-Benzie (Centra Wellness) Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	2	23	\$18,745	\$9,373	\$815	12
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days		21	\$1,595	\$798	\$76	11
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	24	207	\$186,024	\$7,751	\$899	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	4	71	\$6,959	\$1,740	\$98	18
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$22,900	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$78,201	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Manistee-Benzie (Centra Wellness) Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	40	40	\$43,274	\$1,082	\$1,082	1
Assessment		90792		Encounter	26	27	\$30,318	\$1,166	\$1,123	1
Mental Health: Outpatient Care		90832		30 Minutes	65	86	\$15,789	\$243	\$184	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	153	316	\$59,984	\$392	\$190	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	370	1,661	\$381,233	\$1,030	\$230	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	29	32	\$7,688	\$265	\$240	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	1	2	\$312	\$312	\$156	2
Therapy-Family Therapy		90846		Encounter	9	18	\$4,318	\$480	\$240	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	7	8	\$2,032	\$290	\$254	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	25	150	\$40,152	\$1,606	\$268	6

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Manistee-Benzie (Centra Wellness)				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	1	29	\$2,052	\$2,052	\$71	29
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	2	\$3,008	\$1,504	\$1,504	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	27	79	\$18,466	\$684	\$234	3
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Manistee-Benzie (Centra Wellness)	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Tto voluce Code									
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$150	\$150	\$150	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	8	8	\$7,426	\$928	\$928	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	4	4	\$2,338	\$585	\$585	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	2	4	\$3,433	\$1,717	\$858	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	28	40	\$15,929	\$569	\$398	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	300	812	\$315,697	\$1,052	\$389	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	188	329	\$138,241	\$735	\$420	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	41	49	\$35,326	\$862	\$721	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$272	\$136	\$136	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Manistee-Benzie (Centra Wellness)				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	26	\$1,690	\$845	\$65	13
Additional Codes-Physician Services		99232		25 minutes	2	13	\$10,349	\$5,175	\$796	7
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Manistee-Benzie (Centra Wellness)	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Tre venue code	99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99342			0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Assessment		99344		Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
Assessment				Encounter	0	0		\$0 \$0		
Assessment		99345		Encounter			\$0		\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	16	25	\$4,038	\$252	\$162	2
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	3	17	\$5,965	\$1,988	\$351	6
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Substance Abuse: Methadone H0020 Encounter 0 0 \$0	ee-Benzie (Centra Wellness)	Revenue Code	HCPCS Code	Modifier	Unit	G.	Units	0	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Early Intervention H0022 Encounter 0 0 \$0 \$0 \$0 Peer Directed and Operated Support Services H0023 Encounter 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Recovery Support Services H0023 HF Encounter 0 0 \$0 \$0 \$0 \$0 Prevention Services - Direct Model H0025 Face to Face Contact 12 229 \$39,390 \$3,283 \$172 Assessment H0031 HW 0 0 \$0 \$0 \$443 Support Intensity Scale (SIS) Face-to-Face Assessment H0031 HW 0 0 \$0 \$0 \$0 \$0 \$0 Treatment Planning H0032 Encounter 152 159 \$38,815 \$255 \$244 Monitoring of Treatment - Clinician H0032 TS Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Substance Abuse: Pharmalogical Support - Suboxane H0033		Revenue Code		Modifier							
Peer Directed and Operated Support Services											0
Substance Use Disorder: Recovery Support Services H0023 HF Encounter 0 0 \$0 \$0 \$0 Prevention Services - Direct Model H0025 Face to Face Contact 12 229 \$39,390 \$3,283 \$172 Assessment H0031 Encounter 419 445 \$196,918 \$470 \$443 Support Intensity Scale (SIS) Face-to-Face Assessment H0031 HW 0 0 \$0 \$0 \$0 \$0 \$0 Treatment Planning H0032 TS Encounter 152 159 \$38,815 \$255 \$244 Monitoring of Treatment - Clinician H0032 TS Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse: Pharmalogical Support - Suboxane H0033 Direct Observation Encounter 0 0 \$0 \$0 \$0 \$0											0
Prevention Services - Direct Model H0025 Face to Face Contact 12 229 \$39,390 \$3,283 \$172 Assessment H0031 Encounter 419 445 \$196,918 \$470 \$443 Support Intensity Scale (SIS) Face-to-Face Assessment H0031 HW 0 0 \$0 \$0 \$0 \$0 Treatment Planning H0032 Encounter 152 159 \$38,815 \$255 \$244 Monitoring of Treatment - Clinician H0032 TS Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse: Pharmalogical Support - Suboxane H0033 Direct Observation Encounter 0 0 \$0 \$0 \$0 \$0	rected and Operated Support Services				Encounter						0
Assessment H0031 Encounter 419 445 \$196,918 \$470 \$443 Support Intensity Scale (SIS) Face-to-Face Assessment H0031 HW 0 0 \$0	ice Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment H0031 HW 0 0 \$0 \$0 \$0 \$0 Treatment Planning H0032 Encounter 152 159 \$38,815 \$255 \$244 Monitoring of Treatment - Clinician H0032 TS Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse: Pharmalogical Support - Suboxane H0033 Direct Observation Encounter 0 0 \$0 \$0 \$0 \$0	ion Services - Direct Model		H0025		Face to Face Contact	12	229	\$39,390	\$3,283	\$172	19
Treatment Planning H0032 Encounter 152 159 \$38,815 \$255 \$244 Monitoring of Treatment - Clinician H0032 TS Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse: Pharmalogical Support - Suboxane H0033 Direct Observation Encounter 0 0 \$0 \$0 \$0 \$0	nent		H0031		Encounter	419	445	\$196,918	\$470	\$443	1
Monitoring of Treatment - Clinician H0032 TS Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	t Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane H0033 Direct Observation 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ent Planning		H0032		Encounter	152	159	\$38,815	\$255	\$244	1
Encounter Encounter	ring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
	ice Abuse: Pharmalogical Support - Suboxane		H0033			0	0	\$0	\$0	\$0	0
Health Services H0034 15 Minutes 0 0 \$0 \$0 \$0	Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services H0036 15 Minutes 16 890 \$67,183 \$4,199 \$75	Based Services		H0036		15 Minutes	16	890	\$67,183	\$4,199	\$75	56
Home Based Services H0036 ST 15 Minutes 0 0 \$0 \$0 \$0 \$0	Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services H0038 15 minutes 115 8,617 \$321,289 \$2,794 \$37	irected and Operated Support Services		H0038		15 minutes	115	8,617	\$321,289	\$2,794	\$37	75
Peer Directed and Operated Support Services H0038 TJ 15 Minutes 0 0 \$0 \$0 \$0	irected and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services H0038 HF 15 Minutes 0 0 \$0 \$0 \$0	ace Abuse: 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	irected and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT) H0039 15 Minutes 54 5,141 \$439,316 \$8,135 \$85	ve Community Treatment (ACT)		H0039		15 Minutes	54	5,141	\$439,316	\$8,135	\$85	95
Community Living Supports in Independent living/own home H0043 Per diem 5 2,358 \$374,199 \$74,840 \$159	unity Living Supports in Independent living/own home		H0043		Per diem	5	2,358	\$374,199	\$74,840	\$159	472
Respite H0045 Days I 8 \$1,028 \$1,028 \$129	;		H0045		Days	1	8	\$1,028	\$1,028	\$129	8
Peer Directed and Operated Support Services H0046 Encounter 0 0 \$0 \$0 \$0 \$0	irected and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory H0048 Encounter 0 0 \$0 \$0 \$0	nce Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0905 H0050 15 Minutes 0 0 \$0 \$0 \$0 \$0 0915, 0916, 0919 \$0 <td></td> <td></td> <td>H0050</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>			H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review H2000 Encounter 0 0 \$0 \$0 \$0	or Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities H2000 TS Encounter 0 0 \$0 \$0 \$0 \$0	or Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only H2010 15 minutes 0 0 \$0 \$0 \$0	ehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention H2011 15 Minutes 49 178 \$106,748 \$2,179 \$600	ntervention		H2011		15 Minutes	49	178	\$106,748	\$2,179	\$600	4
Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 \$0 \$0 \$0	nce Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation H2014 15 minutes 8 306 \$6,243 \$780 \$20	uilding and Out of Home Non Vocational Habilitation		H2014		15 minutes	8	306	\$6,243	\$780	\$20	38
Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0 \$0 \$0	Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes) H2015 15 Minutes 54 18,132 \$189,627 \$3,512 \$10	unity Living Supports (15 Minutes)		H2015		15 Minutes	54	18,132	\$189,627	\$3,512	\$10	336
Community Living Supports (Daily) H2016 Per Diem 4 631 \$53,853 \$13,463 \$85	unity Living Supports (Daily)		H2016		Per Diem	4	631	\$53,853	\$13,463	\$85	158
Behavior Services H2019 15 Minutes 25 1,476 \$119,163 \$4,767 \$81	or Services		H2019		15 Minutes	25	1,476	\$119,163	\$4,767	\$81	59
Behavior Services H2019 TT 15 Minutes 22 2,731 \$109,756 \$4,989 \$40	or Services		H2019	TT	15 Minutes	22	2,731	\$109,756	\$4,989	\$40	124
Wraparound H2021 15 Minutes 0 0 \$0 \$0 \$0 \$0	cound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver) H2022 Days 0 0 \$0 \$0 \$0 \$0	cound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver) H2022 TT Days 0 0 \$0 \$0 \$0				TT	· · · · · · · · · · · · · · · · · · ·						0
Supported Employment Services H2023 15 minutes 10 499 \$48,946 \$4,895 \$98						10	400	\$49.046	\$4.905	\$00	50
Mental Health Therapy H2027 15 Minutes 0 0 \$0 \$0 \$0			H2023		13 minutes	10	4//	\$40,740	\$ 4 ,073	270	30

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Manistee-Benzie (Centra Wellness)				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	7	8	\$3,975	\$568	\$497	1
Health Services		T1002		Up to 15 min	7	16	\$3,393	\$485	\$212	2
Respite Care		T1005		15 Minutes	1	1,024	\$3,771	\$3,771	\$4	1,024
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Manistee-Benzie (Centra Wellness)				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	27	\$2,655	\$885	\$98	9
Targeted Case Management		T1017		15 minutes	294	6,180	\$625,707	\$2,128	\$101	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	631	\$52,769	\$13,192	\$84	158
Assessments		T1023		Encounter	58	72	\$67,440	\$1,163	\$937	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	26	\$1,324	\$1,324	\$51	26
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					711		\$4,337,412			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Monroe				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	31	277	\$165,710	\$5,345	\$598	9
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	176	1,174	\$1,040,223	\$5,910	\$886	7
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Monroe	D G I	Hanas a 1	M 110	Unit	_	## 5:	_	G ./G	G . W. '.	II :::/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	7	7	\$1,989	\$284	\$284	1
Assessment		90792		Encounter	226	226	\$66,993	\$296	\$296	1
Mental Health: Outpatient Care		90832		30 Minutes	135	415	\$55,556	\$412	\$134	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	160	834	\$163,397	\$1,021	\$196	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	108	489	\$111,272	\$1,030	\$228	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	4	\$876	\$438	\$219	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	4	5	\$1,143	\$286	\$229	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	43	394	\$109,201	\$2,540	\$277	9

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Monroe	D G 1	Habar a 1	M 116	Unit	_	***	_	G/G	G att	H ::/G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	67	724	\$388,107	\$5,793	\$536	11
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Monroe	Danier Gala	HCDCS C- 1-	M. P.C.	Unit		TI-le-		G1/G	Contillati	H-iv/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	16	28	\$22,453	\$1,403	\$802	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	9	10	\$759	\$84	\$76	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	219	375	\$36,263	\$166	\$97	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	565	2,292	\$334,815	\$593	\$146	4
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	72	99	\$15,859	\$220	\$160	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Monroe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Monroe		yanaa a .		Unit		** .				** ***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Monroe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
* **		H0023	HF	Encounter	0	0	\$0	\$0	\$0 \$0	0
Substance Use Disorder: Recovery Support Services Prevention Services - Direct Model		H0025	ПГ	Face to Face Contact	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
·-					897				\$185	2
Assessment		H0031	HW	Encounter		1,535	\$283,745	\$316		
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	пии	т.	36	37	\$3,402	\$95	\$92	1
Treatment Planning		H0032	TO.	Encounter	34	43	\$7,070	\$208	\$164	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	12	990	\$27,789	\$2,316	\$28	83
Home Based Services		H0036	ST	15 Minutes	1	10	\$278	\$278	\$28	10
Peer Directed and Operated Support Services		H0038		15 minutes	122	2,667	\$143,565	\$1,177	\$54	22
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	57	8,881	\$579,219	\$10,162	\$65	156
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	1	\$16	\$16	\$16	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	191	631	\$49,931	\$261	\$79	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	3	678	\$1,715	\$572	\$3	226
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	44	163,371	\$516,252	\$11,733	\$3	3,713
Community Living Supports (Daily)		H2016		Per Diem	13	2,709	\$205,180	\$15,783	\$76	208
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	38	1,109	\$31,229	\$822	\$28	29
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Monroe	Revenue Code	HCPCS Code	Modifier	Unit	G	Huito	G .	Cast/Cass	Cost/Unit	Unit/Coop
Service Category				Measure	Cases	Units	Cost	Cost/Case		Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	26	21,936	\$310,175	\$11,930	\$14	844
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	4	29	\$4,391	\$1,098	\$151	7
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	\$1,303	\$1,303	\$1,303	1
Personal Emergency Response System (PERS)		S5161		Month	1	11	\$15,652	\$15,652	\$1,423	11
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	35	1,925	\$25,064	\$716	\$13	55
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	8	12	\$1,250	\$156	\$104	2
Respite Care		T1005		15 Minutes	2	218	\$855	\$427	\$4	109
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Monroe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	13	67	\$10,031	\$772	\$150	5
Targeted Case Management		T1017		15 minutes	497	11,199	\$871,842	\$1,754	\$78	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	13	2,709	\$287,344	\$22,103	\$106	208
Assessments		T1023		Encounter	298	404	\$71,746	\$241	\$178	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	7	\$790	\$790	\$113	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	6	42	\$12,065	\$2,011	\$287	7
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,484		\$5,976,515			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Montcalm	Revenue Code	HCPCS Code	Modifier	Unit	6	Units	a .	Cost/Case	Cost/Unit	Unit/Case
Service Category		HCPCS Code		Measure	Cases		Cost			
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	12	107	\$90,480	\$7,540	\$846	9
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	11	100	\$11,839	\$1,076	\$118	9
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	4	33	\$41,950	\$10,488	\$1,271	8
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	74	624	\$547,171	\$7,394	\$877	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	16	119	\$34,643	\$2,165	\$291	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	20	133	\$210,240	\$10,512	\$1,581	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	5	26	\$10,583	\$2,117	\$407	5
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Montcalm				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	4	21	\$1,558	\$390	\$74	5
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	97	98	\$59,609	\$615	\$608	1
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	90	148	\$14,262	\$158	\$96	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	269	842	\$121,715	\$452	\$145	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	289	1,179	\$228,217	\$790	\$194	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	9	50	\$4,847	\$539	\$97	6

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Montcalm				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	2	16	\$7,318	\$3,659	\$457	8
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	3	\$338	\$113	\$113	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	38	184	\$5,860	\$154	\$32	5
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Montcalm		vianaa a i	16 110	Unit		** .		aa		***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	(
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	(
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	(
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	
C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	(
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	
New Patient Evaluation and Management		99205		Encounter	3	3	\$1,355	\$452	\$452	
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	-
Established Patient Evaluation and Management		99212		Encounter	4	4	\$611	\$153	\$153	
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	
Established Patient Evaluation and Management		99213		Encounter	187	604	\$183,439	\$981	\$304	
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	
Established Patient Evaluation and Management		99214		Encounter	178	498	\$188,492	\$1,059	\$378	
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	
Established Patient Evaluation and Management		99215		Encounter	6	8	\$3,648	\$608	\$456	
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99221		30 Minutes	3	3	\$590	\$197	\$197	
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$293	\$293	\$293	
Additional Codes-Physician Services		99223		70 Minutes	2	2	\$802	\$401	\$401	
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Montcalm				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	10	\$710	\$355	\$71	5
Additional Codes-Physician Services		99232		25 minutes	4	11	\$1,661	\$415	\$151	3
Additional Codes-Physician Services		99233		35 Minutes	3	5	\$1,025	\$342	\$205	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	1	1	\$612	\$612	\$612	1
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment	-	99335		Encounter	1	1	\$437	\$437	\$437	1
Assessment	-	99336		Encounter	26	70	\$21,274	\$818	\$304	3
Assessment		99337		Encounter	7	10	\$4,546	\$649	\$455	1
Assessment	-	99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Series Personal Personal	Montcalm	Revenue Code	HCPCS Code	Modifier	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Secontering 1934 Excounter 0 0 0 0 0 0 0 0 0	-	Revenue Code		Wodiffer							
Sessiment	·-										
Metione 9945 Excensive 0 0 50 50 50 50 0 10 1	·-							•			
Assessment	-										
Assenced 9748	Assessment				Encounter						
Mexication	Assessment				Encounter						
Medication Administration	Assessment		99348		Encounter	0		\$0		\$0	0
	Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
	Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Transportation	Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Permite A0090	Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Personantarian	Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation	Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation	Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0170			0	0	\$0	\$0	\$0	0
Part Part	Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only G0177 Encounter Session at least 45 min 2 23 \$4,489 \$2,244 \$195 12	Additional Codes-Transportation		A0427			0	0	\$0	\$0	\$0	0
Part Part	Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment H0001 Encounter 0 0 50 50 50 50 0	Family Training/Support EBP only		G0177			2	23	\$4,489	\$2,244	\$195	12
Substance Abuse: Laboratory H0002 Encounter 255 264 \$76,216 \$299 \$289 1	Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory H0003 Encounter 0 0 0 50 50 50 50 50 50	Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0004 15 Minutes 0 0 \$0	Assessment		H0002		Encounter	255	264	\$76,216	\$299	\$289	1
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0005 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Upstance Abuse: Case Management H0006 Encounter 0 0 \$0	Substance Abuse: Outpatient Treatment		H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Outpatient Treatment</td><td></td><td>H0005</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Outpatient Treatment		H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Case Management</td><td></td><td>H0006</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0010</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0012</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 2 20 \$9,178 \$4,589 \$459 10 Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
·	Crisis Residential Services		H0018		Days	2	20	\$9,178	\$4,589	\$459	10
·	Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
	· 					0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Montcalm Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	541	617	\$115,918	\$214	\$188	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0	\$188	0
Treatment Planning		H0032	1100	Encounter	360	486	\$54,226	\$151	\$112	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	10	28	\$7,970	\$797	\$285	3
- <u> </u>		H0032	13	Direct Observation	0	0	\$7,970	\$0	\$283	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	\$0	\$0	\$0	U
Health Services		H0034		15 Minutes	11	11	\$3,520	\$320	\$320	1
Home Based Services		H0036		15 Minutes	44	2,820	\$179,860	\$4,088	\$64	64
Home Based Services		H0036	ST	15 Minutes	1	6	\$384	\$384	\$64	6
Peer Directed and Operated Support Services		H0038		15 minutes	86	3,319	\$128,090	\$1,489	\$39	39
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	39	7,033	\$615,782	\$15,789	\$88	180
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	7	24	\$2,422	\$346	\$101	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	7	46	\$13,983	\$1,998	\$304	7
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	31	110	\$20,945	\$676	\$190	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	30	323	\$30,915	\$1,031	\$96	11
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	74	28,174	\$141,772	\$1,916	\$5	381
Community Living Supports (Daily)		H2016		Per Diem	18	5,065	\$829,606	\$46,089	\$164	281
Behavior Services		H2019		15 Minutes	21	874	\$42,256	\$2,012	\$48	42
Behavior Services		H2019	TT	15 Minutes	16	1,125	\$27,143	\$1,696	\$24	70
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	59	33,844	\$239,770	\$4,064	\$7	574
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Inchesioner Alema Services Computers Care 1000	Montcalm				Unit						
Part	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Martine Martine Serverse 1233	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
1907 1908	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	44	35,361	\$204,182	\$4,640	\$6	804
1915 1916	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Per Mile Per Mile Per Mile 0 0 0 0 0 0 0 0 0	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Per Nile 0 0 0 0 0 0 0 0 0	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Section Sect	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Semily Training	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Series Personner Series Series	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
STILE MA	Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
MITANA Pamily Training	Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Per Per	Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Septem S	Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
Septe Sept	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
SS SS SS SS SS SS SS S	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Sepite Siste Per Diem O O Siste Siste Per Diem O O Siste O O O O O O O	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161 Month 0 0 50 50 50 50 50 50	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Since Month Mont	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Antinomental Modification S5165 Service 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Rems 0 0 50 50 50 50 50 50	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Separational or Physical Therapy S899 Encounter 0 0 50 50 50 50	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Facility Services S9445 Encounter 0 0 S0 S0 S0 S0 S0 S0	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Each Services S946 Encounter 6 6 S951 S159	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Each Services S9470 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model	Health Services		S9446		Encounter	6	6	\$951	\$159	\$159	1
Hour Description S9484 Hour Description S9976 Days Days Description S9976 HF Days Days Description Days Description Days Description Days Description Days Description Description Days Description Descri	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
desidential Room and Board S9976 Days 0 0 50 50 50 dubstance Abuse Services: Residential Room and Board S9976 HF Days 0 0 50 50 50 vivate Duty Nursing T1000 TD Up to 15 min 0 0 50 50 50 vivate Duty Nursing T1000 TE Up to 15 min 0 0 50 50 50 vivate Duty Nursing T1001 Encounter 24 24 \$7,662 \$319 \$319 death Services T1002 Up to 15 min 34 632 \$100,897 \$2,968 \$160 despite Care T1005 TD 15 Minutes 0 0 50 \$0 50 despite Care T1005 TE 15 Minutes 0 0 50 \$0 50 despite Care T1005 TE 15 Minutes 0 0 50 50 50 despite Care	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
substance Abuse Services: Residential Room and Board S9976 HF Days 0 0 50 \$0 \$0 rivate Duty Nursing T1000 TD Up to 15 min 0 0 \$0 \$0 \$0 \$0 rivate Duty Nursing T1000 TE Up to 15 min 0 0 \$0 \$0 \$0 \$0 rivate Duty Nursing T1000 TE Up to 15 min 0 0 \$0 \$0 \$0 \$0 rivate Duty Nursing T1001 TE Up to 15 min 0 0 \$0 \$0 \$0 \$0 rivate Duty Nursing T1001 TE Up to 15 min 0 0 \$0	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 Up to 15 min 0 0 \$0	Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Trivate Duty Nursing T1000 TD Up to 15 min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Trivate Duty Nursing Ti000 TE Up to 15 min 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
T1001 Encounter 24 24 \$7,662 \$319 \$319	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Idealth Services T1002 Up to 15 min 34 632 \$100,897 \$2,968 \$160 despite Care T1005 15 Minutes 0 0 \$0 <td>Private Duty Nursing</td> <td></td> <td>T1000</td> <td>TE</td> <td>Up to 15 min</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
despite Care T1005 15 Minutes 0 0 \$0 </td <td>Assessment</td> <td></td> <td>T1001</td> <td></td> <td>Encounter</td> <td>24</td> <td>24</td> <td>\$7,662</td> <td>\$319</td> <td>\$319</td> <td>1</td>	Assessment		T1001		Encounter	24	24	\$7,662	\$319	\$319	1
Despite Care T1005 TD 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>34</td> <td>632</td> <td>\$100,897</td> <td>\$2,968</td> <td>\$160</td> <td>19</td>	Health Services		T1002		Up to 15 min	34	632	\$100,897	\$2,968	\$160	19
despite Care T1005 TE 15 Minutes 0 0 \$0 </td <td>Respite Care</td> <td></td> <td>T1005</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
tespite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 \$0 \$0 \$0 \$0	Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
ubstance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Montcalm				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	18	\$1,871	\$624	\$104	6
Targeted Case Management		T1017		15 minutes	182	4,416	\$462,141	\$2,539	\$105	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	18	5,065	\$88,908	\$4,939	\$18	281
Assessments		T1023		Encounter	174	209	\$238,561	\$1,371	\$1,141	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					922		\$5,449,743			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Muskegon (HealthWest)				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	38	361	\$292,674	\$7,702	\$811	10
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	21	246	\$31,308	\$1,491	\$127	12
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	256	2,057	\$1,906,681	\$7,448	\$927	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	93	762	\$134,906	\$1,451	\$177	8
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$26,086	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Muskegon (HealthWest) Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological	0900, 0902-0904,			# of visits	0	0	\$0	\$0	\$0	0
Treatments/Services	0900, 0902-0904,			# OI VISITS	Ü	Ü	\$0	30	\$ 0	U
Outpatient Partial Hospitalization	0912			Days	18	85	\$23,243	\$1,291	\$273	5
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	342	351	\$55,399	\$162	\$158	1
Assessment		90792		Encounter	4	4	\$1,079	\$270	\$270	1
Mental Health: Outpatient Care		90832		30 Minutes	81	161	\$8,706	\$107	\$54	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	106	290	\$21,569	\$203	\$74	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	326	2,172	\$283,443	\$869	\$130	7
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	121	166	\$25,691	\$212	\$155	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	19	\$2,132	\$355	\$112	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Muskegon (HealthWest)				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	10	\$8,178	\$8,178	\$818	10
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	26	53	\$9,426	\$363	\$178	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	295	2,457	\$13,759	\$47	\$6	8
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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State of Michigan QMPmeasures@michigan.gov

Muskegon (HealthWest) Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	11	14	\$696	\$63	\$50	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	12	14	\$1,679	\$140	\$120	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	19	20	\$2,959	\$156	\$148	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	11	11	\$2,232	\$203	\$203	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	3	3	\$895	\$298	\$298	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	86	108	\$3,602	\$42	\$33	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	233	346	\$15,529	\$67	\$45	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	435	787	\$59,628	\$137	\$76	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	544	916	\$100,599	\$185	\$110	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	353	598	\$98,108	\$278	\$164	2
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·-	99222	·	50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

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Muskegon (HealthWest)				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	(
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	(
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	(
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	(
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	(
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	(
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	(
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	(
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	(
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	(
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	
Physician Consultations		99255		110 Minutes	0	0	\$0	\$0	\$0	
Nursing Facility Services evaluation and management		99304		25 minutes	0	0	\$0	\$0	\$0	(
Nursing Facility Services evaluation and management		99305		35 Minutes	0	0	\$0	\$0	\$0	(
Nursing Facility Services evaluation and management		99306		45 Minutes	0	0	\$0	\$0	\$0	(
Nursing Facility Services evaluation and management		99307		10 Minutes	0	0	\$0	\$0	\$0	(
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$0	\$0	\$0	(
Nursing Facility Services evaluation and management		99309		25 minutes	0	0	\$0	\$0	\$0	(
Nursing Facility Services evaluation and management		99310		35 Minutes	0	0	\$0	\$0	\$0	(
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	(
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	(
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	(
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	-
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Muskegon (HealthWest)	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code		Woulder							
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	8	10	\$478	\$60	\$48	1
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	1	1	\$101	\$101	\$101	1
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	1	1	\$3	\$3	\$3	1
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	24	137	\$12,372	\$516	\$90	6
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	596	654	\$88,538	\$149	\$135	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	292	2,657	\$1,264,490	\$4,330	\$476	9
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Muskegon (HealthWest) Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	2	\$999	\$500	\$500	1
Assessment		H0031		Encounter	475	514	\$105,102	\$221	\$204	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	160	238	\$43,426	\$271	\$182	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	31	2,953	\$463,218	\$14,943	\$157	95
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	273	5,879	\$395,844	\$1,450	\$67	22
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	3	129	\$9,923	\$3,308	\$77	43
Substance Abuse: 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	63	8,782	\$552,519	\$8,770	\$63	139
Community Living Supports in Independent living/own home		H0043		Per diem	19	3,694	\$484,857	\$25,519	\$131	194
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3	20	\$1,469	\$490	\$73	7
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	118	41,109	\$114,031	\$966	\$3	348
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	224	24,363	\$104,796	\$468	\$4	109
Community Living Supports (Daily)		H2016		Per Diem	77	11,647	\$1,737,493	\$22,565	\$149	151
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	145	9,041	\$455,294	\$3,140	\$50	62
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Muskegon (HealthWest)	D C. 1.	HCDCS C- 1-	M. Fe	Unit		TT-14-		Gent/Gen	Contract	H-it/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	85	53,440	\$503,448	\$5,923	\$9	629
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	5	50	\$4,813	\$963	\$96	10
Family Training		S5111		Encounter	9	16	\$982	\$109	\$61	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	1	17	\$3,266	\$3,266	\$192	17
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	4	4	\$6,980	\$1,745	\$1,745	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	47	11,329	\$302,151	\$6,429	\$27	241
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	269	3,182	\$419,918	\$1,561	\$132	12
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Muskegon (HealthWest)				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	2	4	\$1,717	\$859	\$429	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	949	32,918	\$2,299,745	\$2,423	\$70	35
Targeted Case Management		T1017		15 minutes	796	9,470	\$730,360	\$918	\$77	12
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	78	11,615	\$1,286,773	\$16,497	\$111	149
Assessments		T1023		Encounter	537	746	\$118,570	\$221	\$159	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	4	524	\$3,957	\$989	\$8	131
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	143	178	\$108,175	\$756	\$608	1
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)					0	0	\$0	\$0	\$0	0
Other					39	0	\$1	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					2,197		\$14,777,059			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Network180 Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	498	6,943	\$3,196,341	\$6,418	\$460	14
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	1,148	12,830	\$10,399,376	\$9,059	\$811	11
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	16	186	\$164,304	\$10,269	\$883	12

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Network180	Revenue Code	HCPCS Code	Modifier	Unit		Units	0	Cost/Case	Cost/Unit	Unit/Case
Service Category		neres code	Modifier	Measure	Cases		Cost			
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	181	963	\$187,573	\$1,036	\$195	5
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	2	2	\$229	\$114	\$114	1
Assessment		90792		Encounter	1,242	1,331	\$1,225,069	\$986	\$920	1
Mental Health: Outpatient Care		90832		30 Minutes	862	2,462	\$170,561	\$198	\$69	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	1,273	3,569	\$248,943	\$196	\$70	3
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1,105	4,946	\$385,763	\$349	\$78	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	1,319	4,101	\$366,746	\$278	\$89	3
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	793	3,061	\$317,950	\$401	\$104	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	1,286	5,236	\$446,406	\$347	\$85	4
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	5	5	\$3,009	\$602	\$602	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	111	484	\$285,569	\$2,573	\$590	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	45	66	\$5,704	\$127	\$86	1
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy	* *	90853		Encounter	142	1,081	\$74,241	\$523	\$69	8

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Network180				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	920	11,819	\$472,602	\$514	\$40	13
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	19	71	\$13,356	\$703	\$188	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	211	1,297	\$66,809	\$317	\$52	6
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Network180		wanaa a .		Unit		** .		aa		***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	10	26	\$532	\$53	\$20	3
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$52	\$52	\$52	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	5	5	\$260	\$52	\$52	1
New Patient Evaluation and Management		99202		Encounter	8	8	\$831	\$104	\$104	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	276	278	\$28,590	\$104	\$103	1
New Patient Evaluation and Management		99203		Encounter	21	21	\$3,055	\$145	\$145	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	37	37	\$5,383	\$145	\$145	1
New Patient Evaluation and Management		99204		Encounter	1	1	\$208	\$208	\$208	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	3	3	\$623	\$208	\$208	1
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	200	563	\$31,674	\$158	\$56	3
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	2	2	\$56	\$28	\$28	1
Established Patient Evaluation and Management		99212		Encounter	1,351	2,766	\$474,537	\$351	\$172	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	860	2,607	\$134,855	\$157	\$52	3
Established Patient Evaluation and Management		99213		Encounter	1,339	2,762	\$445,649	\$333	\$161	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	76	171	\$13,957	\$184	\$82	2
Established Patient Evaluation and Management		99214		Encounter	1,246	2,421	\$370,712	\$298	\$153	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	16	17	\$2,120	\$132	\$125	1
Established Patient Evaluation and Management		99215		Encounter	207	223	\$68,837	\$333	\$309	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	2	2	\$143	\$72	\$72	1
Additional Codes-Physician Services		99223		70 Minutes	8	8	\$912	\$114	\$114	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Network180				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	8	16	\$1,163	\$145	\$73	2
Additional Codes-Physician Services		99232		25 minutes	10	46	\$4,494	\$449	\$98	5
Additional Codes-Physician Services		99233		35 Minutes	5	8	\$515	\$103	\$64	2
Physician Consultations		99241		15 Minutes	8	8	\$411	\$51	\$51	1
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	1	1	\$109	\$109	\$109	1
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	1	1	\$187	\$187	\$187	1
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	2	2	\$283	\$142	\$142	1
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	32	76	\$3,278	\$102	\$43	2
Assessment		99335		Encounter	29	54	\$3,521	\$121	\$65	2
Assessment		99336		Encounter	13	16	\$1,689	\$130	\$106	1
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Newcontrol	Network180	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Messmerier 1943 18 mounter 0 0 19 19 19 19 19 19	-	Trevenue code		- Infounter							
Assenter											
Assenter	-										
Seconter											
Seconstant											
Medication Administration	Assessment										
Medication Administration	Assessment				Encounter						0
Medican Nangement	Assessment				Encounter						0
Permitter A0000	Medication Administration				Encounter						0
Permitte A1990	Medication Management		99605		15 Minutes	0	0	\$0	\$0	\$0	0
Paraportation	Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation	Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Per cone-way trip 0	Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abose: Transportation	Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0170			0	0	\$0	\$0	\$0	0
Pathaneed Medical Equipment-Supplies Enable Medical Equipment-Supplies Enable Medical Equipment Support EBP only	Additional Codes-Transportation		A0425		Per Mile	76	2,132	\$9,561	\$126	\$4	28
Family Training/Support EBP only G0177 Encounter Session at least 45 min 10 10 10 10 10 10 10 1	Additional Codes-Transportation		A0427			76	85	\$10,896	\$143	\$128	1
Substance Abuse: Recovery Support Services G0409 G5 Minutes G0409 G1 Minutes G0 G0 G0 G0 G0 G0 G0 G	Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment H0001 Encounter 1,788 1,975 \$309,983 \$173 \$157 1	Family Training/Support EBP only		G0177			8	78	\$10,924	\$1,365	\$140	10
Assessment H0002 Encounter 2,162 2,457 \$382,921 \$177 \$156 1	Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory H0003 Encounter 0 0 50 50 50 9 Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0004 15 Minutes 703 27,675 \$1,079,332 \$1,535 \$39 39 Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0005 Encounter 2 26 \$909 \$455 \$35 13 Substance Abuse: Case Management H0006 Encounter 202 3,898 \$249,466 \$1,235 \$64 19 Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 395 1,403 \$469,188 \$1,188 \$334 4 Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <td< td=""><td>Substance Abuse: Individual Assessment</td><td></td><td>H0001</td><td></td><td>Encounter</td><td>1,788</td><td>1,975</td><td>\$309,983</td><td>\$173</td><td>\$157</td><td>1</td></td<>	Substance Abuse: Individual Assessment		H0001		Encounter	1,788	1,975	\$309,983	\$173	\$157	1
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0004 15 Minutes 703 27,675 \$1,079,332 \$1,535 \$39 39 Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0005 Encounter 2 26 \$909 \$455 \$35 13 Substance Abuse: Case Management H0006 Encounter 202 3,898 \$249,466 \$1,235 \$64 19 Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 395 1,403 \$469,188 \$1,188 \$334 4 Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0	Assessment		H0002		Encounter	2,162	2,457	\$382,921	\$177	\$156	1
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0919 H0005 Encounter 2 26 \$909 \$455 \$35 13 Substance Abuse: Case Management H0006 Encounter 202 3,898 \$249,466 \$1,235 \$64 19 Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 395 1,403 \$469,188 \$1,188 \$334 4 Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0	Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management H0006 Encounter 202 3,898 \$249,466 \$1,235 \$64 19 Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 395 1,403 \$469,188 \$1,188 \$334 4 Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0	Substance Abuse: Outpatient Treatment		H0004		15 Minutes	703	27,675	\$1,079,332	\$1,535	\$39	39
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 395 1,403 \$469,188 \$1,188 \$334 4 Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <td< td=""><td>Substance Abuse: Outpatient Treatment</td><td></td><td>H0005</td><td></td><td>Encounter</td><td>2</td><td>26</td><td>\$909</td><td>\$455</td><td>\$35</td><td>13</td></td<>	Substance Abuse: Outpatient Treatment		H0005		Encounter	2	26	\$909	\$455	\$35	13
Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Case Management</td><td></td><td>H0006</td><td></td><td>Encounter</td><td>202</td><td>3,898</td><td>\$249,466</td><td>\$1,235</td><td>\$64</td><td>19</td></th<>	Substance Abuse: Case Management		H0006		Encounter	202	3,898	\$249,466	\$1,235	\$64	19
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0010</td><td></td><td>Days</td><td>395</td><td>1,403</td><td>\$469,188</td><td>\$1,188</td><td>\$334</td><td>4</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	395	1,403	\$469,188	\$1,188	\$334	4
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0012</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 623 4,522 \$1,720,634 \$2,762 \$381 7 Substance Abuse: Residential 1002 H0018 HF Days 370 2,965 \$255,014 \$689 \$86 8	Substance Abuse: Sub-Acute Detoxification	1002	H0014			0	0	\$0	\$0	\$0	0
Substance Abuse: Residential 1002 H0018 HF Days 370 2,965 \$255,014 \$689 \$86 8	Substance Abuse: Outpatient Care	0906	H0015		Days	460	7,961	\$535,039	\$1,163	\$67	17
Substance Abuse: Residential 1002 H0018 HF Days 370 2,965 \$255,014 \$689 \$86 8	Crisis Residential Services		H0018		Days	623	4,522	\$1,720,634	\$2,762	\$381	7
·	-	1002		HF						\$86	8
	· 										40

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Network180 Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	1,130	245,156	\$2,047,905	\$1,812	\$8	217
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	205	209	\$16,008	\$78	\$77	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	27	27	\$4,015	\$149	\$149	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	2	167	\$1,450	\$725	\$9	84
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	589	21,313	\$708,121	\$1,202	\$33	36
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	377	14,456	\$398,967	\$1,058	\$28	38
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	292	55,227	\$2,989,434	\$10,238	\$54	189
Community Living Supports in Independent living/own home		H0043		Per diem	114	1,325	\$276,911	\$2,429	\$209	12
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	310	314	\$40,685	\$131	\$130	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	390	6,290	\$410,435	\$1,052	\$65	16
Behavior Treatment Plan Review		H2000		Encounter	6	10	\$224	\$37	\$22	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	3	3	\$0	\$0	\$0	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	537	7,483	\$605,695	\$1,128	\$81	14
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5	3,859	\$20,316	\$4,063	\$5	772
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	39	33,457	\$168,390	\$4,318	\$5	858
Community Living Supports (Daily)		H2016		Per Diem	260	76,235	\$8,105,030	\$31,173	\$106	293
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	141	9,086	\$280,505	\$1,989	\$31	64
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Network180	D	Hanas a 1	M 116	Unit	_	***	_	0.110	C	H ://G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	138	169,105	\$633,512	\$4,591	\$4	1,225
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	240	8,842	\$229,246	\$955	\$26	37
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	7	8	\$386	\$55	\$48	1
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	640	6,194	\$247,420	\$387	\$40	10
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	520	10,030	\$758,411	\$1,458	\$76	19
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	828	838	\$334,235	\$404	\$399	1
Health Services		T1002		Up to 15 min	92	117	\$5,878	\$64	\$50	1
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	27	27	\$3,402	\$126	\$126	1

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Network180				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	3	66	\$2,094	\$698	\$32	22
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	1	1	\$93	\$93	\$93	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	49	512	\$50,262	\$1,026	\$98	10
Targeted Case Management		T1017		15 minutes	2,674	73,036	\$5,290,135	\$1,978	\$72	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	79	817	\$182,515	\$2,310	\$223	10
Personal Care in Licensed Specialized Residential Setting		T1020		Days	242	69,953	\$1,855,377	\$7,667	\$27	289
Assessments		T1023		Encounter	1,639	2,013	\$276,033	\$168	\$137	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	54	151	\$9,320	\$173	\$62	3
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	42	43	\$30,810	\$734	\$717	1
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					9,558		\$51,165,563			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Newaygo				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	7	85	\$77,081	\$11,012	\$907	12
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	8	91	\$12,395	\$1,549	\$136	11
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	48	405	\$410,072	\$8,543	\$1,013	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	14	142	\$16,539	\$1,181	\$116	10
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Newaygo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	3	11	\$4,938	\$1,646	\$449	4
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	101	101	\$94,820	\$939	\$939	1
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	39	64	\$8,271	\$212	\$129	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	285	1,201	\$213,895	\$751	\$178	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	367	1,980	\$511,920	\$1,395	\$259	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	7	\$1,497	\$749	\$214	4
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	9	94	\$8,044	\$894	\$86	10

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Newaygo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	15	93	\$21,088	\$1,406	\$227	6
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	34	362	\$24,844	\$731	\$69	11
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	8	\$330	\$330	\$41	8
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Newaygo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	189	559	\$110,613	\$585	\$198	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	279	743	\$224,593	\$805	\$302	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	13	16	\$7,524	\$579	\$470	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Newaygo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment	-	99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Service Category Revenue Code HCPCS Code Modifier Measure Cases Units Cost Assessment 99342 Encounter 0 0 50 Assessment 99344 Encounter 0 0 \$0 Assessment 99345 Encounter 0 0 \$0 Assessment 99347 Encounter 0 0 \$0 Assessment 99348 Encounter 0 0 \$0 Assessment 99349 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Medication Administration 99506 15 Minutes 0 0 \$0 Medication Administration A0080 Per mile 0 0 \$0 Transportation A0100 Per mile 0 0 \$0 Substance Abuse: Transportation A0110<	Cost/Case \$0 \$0	Cost/Unit \$0	Unit/Case
Assessment 99343 Encounter 0 0 \$0 Assessment 99344 Encounter 0 0 \$0 Assessment 99347 Encounter 0 0 \$0 Assessment 99348 Encounter 0 0 \$0 Assessment 99349 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Medication Administration 99556 Encounter 0 0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Transportation A0110 Per one-way trip 0 <th>\$0</th> <th></th> <th>Δ.</th>	\$0		Δ.
Assessment 99344 Encounter 0 0 \$0 Assessment 99345 Encounter 0 0 \$0 Assessment 99347 Encounter 0 0 \$0 Assessment 99348 Encounter 0 0 \$0 Assessment 99349 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Medication Administration 99506 Encounter 0 0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Substance Abuse: Transportation A0100 Per one-way trip 0 0 \$0 Transportation A0110 Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0<			0
Assessment 99345 Encounter 0 0 \$0 Assessment 99347 Encounter 0 0 \$0 Assessment 99348 Encounter 0 0 \$0 Assessment 99349 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Medication Administration 99506 Encounter 0 0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF <td< td=""><td></td><td>\$0</td><td>0</td></td<>		\$0	0
Assessment 99347 Encounter 0 0 \$0 Assessment 99348 Encounter 0 0 \$0 Assessment 99349 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Assessment 99506 Encounter 0 0 \$0 Medication Administration 99506 Encounter 0 0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Substance Abuse: Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation	\$0	\$0	0
Assessment 99348 Encounter 0 0 \$0 Assessment 99349 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Medication Administration 99506 Encounter 0 0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 <	\$0	\$0	0
Assessment 99349 Encounter 0 0 \$0 Assessment 99350 Encounter 0 0 \$0 Medication Administration 99506 Encounter 0 0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0	\$0	\$0	0
Assessment 99350 Encounter 0 0 \$0 Medication Administration 99506 Encounter 0 0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$	\$0	\$0	0
Medication Administration 99506 Encounter 0 0 \$0 Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0	\$0	\$0	0
Medication Management 99605 15 Minutes 0 0 \$0 Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 Per one-way trip 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 <td>\$0</td> <td>\$0</td> <td>0</td>	\$0	\$0	0
Transportation A0080 Per mile 0 0 \$0 Transportation A0090 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 Per one-way trip 0 0 \$0 Transportation A0110 HF Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0<	\$0	\$0	0
Transportation A0090 Per mile 0 0 \$0 Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0100 Per one-way trip 0 0 \$0 Transportation A0110 HF Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 Per one-way trip 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Transportation A0100 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0100 Per one-way trip 0 0 \$0 Transportation A0110 HF Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 0 \$0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Substance Abuse: Transportation A0100 Per one-way trip 0 0 \$0 Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Transportation A0110 Per one-way trip 0 0 \$0 Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Substance Abuse: Transportation A0110 HF Per one-way trip 0 0 \$0 Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Transportation A0120 Per one-way trip 0 0 \$0 Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Transportation A0130 Per one-way trip 0 0 \$0 Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Transportation A0140 Per one-way trip 0 0 \$0 Transportation A0170 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Transportation A0170 0 0 \$0 Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Additional Codes-Transportation A0425 Per Mile 0 0 \$0 Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
Additional Codes-Transportation A0427 Refer to code 0 0 \$0	\$0	\$0	0
	\$0	\$0	0
descriptions.	\$0	\$0	0
Enhanced Medical Equipment-Supplies E1399 Items 0 0 \$0	\$0	\$0	0
Family Training/Support EBP only G0177 Encounter Session at 0 0 \$0 \$0 least 45 min	\$0	\$0	0
Substance Abuse: Recovery Support Services G0409 15 Minutes 0 0 \$0	\$0	\$0	0
Substance Abuse: Individual Assessment H0001 Encounter 23 31 \$4,483	\$195	\$145	1
Assessment H0002 Encounter 136 138 \$26,076	\$192	\$189	1
Substance Abuse: Laboratory H0003 Encounter 0 0 \$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0919, 0915, 0916, 0919 H0004 15 Minutes 0 0 \$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0005 Encounter 0 0 \$0 \$0	\$0	\$0	0
Substance Abuse: Case Management H0006 Encounter 0 0 \$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 0 0 \$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 \$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0	\$0	\$0	0
Substance Abuse: Outpatient Care 0906 H0015 Days 0 0 \$0	\$0	\$0	0
Crisis Residential Services H0018 Days 23 145 \$68,496	\$2,978	\$472	6
Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	\$0	\$0	0
Substance Abuse: Residential 1002 H0019 HF Days 0 0 \$0			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Substance Aboue Enhabtore 16020 Encounter 0 0 50 50 50 50 50 50	Newaygo Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pattern Patt			H0020				0		\$0	\$0	0
Per Decential Agronaus Suppred Services	-					*					
Processor Service Decoration of the Content Recompress 19003 1900											
Penesin Norwers - Pener More 1905 Penesin Norwers - Penesin				ПС							
Accounter											
Segmentary Saule (ISS) Revealed	-										
Perminer Pamoing 1903	-			HW	Encounter						
Membrane Abous: Paramatogical Support - Salosance 19072 18 18 18 18 18 18 18 1				1100	Encounter						
September 19003	- <u>-</u>			TC							
Per Per				15							
Home Based Services	Substance Abuse: Pharmalogical Support - Suboxane		H0033			0	0	\$0	\$0	\$0	0
Home Based Services	Health Services		H0034		15 Minutes	1	12	\$1,183	\$1,183	\$99	12
Per Directel and Operandel Support Services 18008 TJ 15 Minutes 0 0 0 0 50 50 50 50	Home Based Services		H0036		15 Minutes	3	87	\$8,279	\$2,760	\$95	29
Peer Directed and Operated Support Services	Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuser: Recovery Support Services	Peer Directed and Operated Support Services		H0038		15 minutes	31	2,483	\$64,715	\$2,088	\$26	80
Per Directed and Operated Support Services	Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)	Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home	Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Respite	Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Per Directed and Operated Support Services	Community Living Supports in Independent living/own home		H0043		Per diem	3	579	\$27,685	\$9,228	\$48	193
Mode	Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0050 Encounter 1 3 \$631 \$631 \$210 3 Behavior Treatment Plan Review H2000 TS Encounter 1 3 \$631 \$631 \$210 3 Behavior Treatment Plan Review - Monitoring Activities H2000 TS Encounter 1 1 \$106 <td>Peer Directed and Operated Support Services</td> <td></td> <td>H0046</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review H2000 TS Encounter 1 3 5631 5631 5630 5210 3	Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities H2000 TS Encounter 1 1 \$106	Substance Abuse: Outpatient Treatment		H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only H2010 15 minutes 0 0 \$0	Behavior Treatment Plan Review		H2000		Encounter	1	3	\$631	\$631	\$210	3
Crisis Intervention H2011 15 Minutes 80 276 \$40,241 \$503 \$146 3 Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 \$0	Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	1	\$106	\$106	\$106	1
Substance Abuse: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 \$0 </td <td>Comprehensive Medication Services - EBP only</td> <td></td> <td>H2010</td> <td></td> <td>15 minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation H2014 15 minutes 17 12,199 \$47,358 \$2,786 \$4 718 Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0 <	Crisis Intervention		H2011		15 Minutes	80	276	\$40,241	\$503	\$146	3
Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0 <	Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes) H2015 15 Minutes 16 7,217 \$26,011 \$1,626 \$4 451 Community Living Supports (Daily) H2016 Per Diem 9 1,845 \$252,249 \$28,028 \$137 205 Behavior Services H2019 15 Minutes 33 2,037 \$136,581 \$4,139 \$67 62 Behavior Services H2019 TT 15 Minutes 35 5,090 \$180,427 \$5,155 \$35 145 Wraparound H2021 15 Minutes 1 2 \$206 \$206 \$103 2 Wraparound (SED Waiver) H2022 Days 0 0 \$0 <td>Skill-Building and Out of Home Non Vocational Habilitation</td> <td></td> <td>H2014</td> <td></td> <td>15 minutes</td> <td>17</td> <td>12,199</td> <td>\$47,358</td> <td>\$2,786</td> <td>\$4</td> <td>718</td>	Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	17	12,199	\$47,358	\$2,786	\$4	718
Community Living Supports (Daily) H2016 Per Diem 9 1,845 \$252,249 \$28,028 \$137 205 Behavior Services H2019 15 Minutes 33 2,037 \$136,581 \$4,139 \$67 62 Behavior Services H2019 TT 15 Minutes 35 5,090 \$180,427 \$5,155 \$35 145 Wraparound H2021 15 Minutes 1 2 \$206 \$206 \$103 2 Wraparound (SED Waiver) H2022 Days 0 0 \$0 </td <td>Out of Home Non Vocational Habilitation</td> <td></td> <td>H2014</td> <td>HK</td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services H2019 15 Minutes 33 2,037 \$136,581 \$4,139 \$67 62 Behavior Services H2019 TT 15 Minutes 35 5,090 \$180,427 \$5,155 \$35 145 Wraparound H2021 15 Minutes 1 2 \$206 \$206 \$103 2 Wraparound (SED Waiver) H2022 Days 0 0 \$0 <td< td=""><td>Community Living Supports (15 Minutes)</td><td></td><td>H2015</td><td></td><td>15 Minutes</td><td>16</td><td>7,217</td><td>\$26,011</td><td>\$1,626</td><td>\$4</td><td>451</td></td<>	Community Living Supports (15 Minutes)		H2015		15 Minutes	16	7,217	\$26,011	\$1,626	\$4	451
Behavior Services H2019 TT 15 Minutes 35 5,090 \$180,427 \$5,155 \$35 145 Wraparound H2021 15 Minutes 1 2 \$206 \$206 \$103 2 Wraparound (SED Waiver) H2022 Days 0 0 \$0 <t< td=""><td>Community Living Supports (Daily)</td><td></td><td>H2016</td><td></td><td>Per Diem</td><td>9</td><td>1,845</td><td>\$252,249</td><td>\$28,028</td><td>\$137</td><td>205</td></t<>	Community Living Supports (Daily)		H2016		Per Diem	9	1,845	\$252,249	\$28,028	\$137	205
Wraparound H2021 15 Minutes 1 2 \$206 \$206 \$103 2 Wraparound (SED Waiver) H2022 Days 0 0 \$0 <t< td=""><td>Behavior Services</td><td></td><td>H2019</td><td></td><td>15 Minutes</td><td>33</td><td>2,037</td><td>\$136,581</td><td>\$4,139</td><td>\$67</td><td>62</td></t<>	Behavior Services		H2019		15 Minutes	33	2,037	\$136,581	\$4,139	\$67	62
Wraparound (SED Waiver) H2022 Days 0 0 \$0 <th< td=""><td>Behavior Services</td><td></td><td>H2019</td><td>TT</td><td>15 Minutes</td><td>35</td><td>5,090</td><td>\$180,427</td><td>\$5,155</td><td>\$35</td><td>145</td></th<>	Behavior Services		H2019	TT	15 Minutes	35	5,090	\$180,427	\$5,155	\$35	145
Wraparound (SED Waiver) H2022 Days 0 0 \$0 <th< td=""><td>Wraparound</td><td></td><td>H2021</td><td></td><td>15 Minutes</td><td>1</td><td>2</td><td>\$206</td><td>\$206</td><td>\$103</td><td>2</td></th<>	Wraparound		H2021		15 Minutes	1	2	\$206	\$206	\$103	2
Wraparound (SED Waiver) H2022 TT Days 0 0 \$0 <th< td=""><td></td><td></td><td>H2022</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>			H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services H2023 15 minutes 10 2,736 \$52,052 \$5,205 \$19 274	Wraparound (SED Waiver)		H2022	TT		0	0	\$0	\$0	\$0	0
	- 				-	10	2,736	\$52,052	\$5,205	\$19	274
	·		H2027		15 Minutes	0	0	\$0	\$0	\$0	

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Newaygo	D C 1	Hanas a l	M PC	Unit	_	***	_	G ./G	G attack	II ::/G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	5	43	\$11,700	\$2,340	\$272	9
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	39	136	\$12,181	\$312	\$90	3
Respite Care		T1005		15 Minutes	1	128	\$537	\$537	\$4	128
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Newaygo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	2	\$257	\$257	\$129	2
Targeted Case Management		T1017		15 minutes	455	15,458	\$1,313,362	\$2,887	\$85	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	122	\$10,275	\$3,425	\$84	41
Personal Care in Licensed Specialized Residential Setting		T1020		Days	9	1,845	\$28,518	\$3,169	\$15	205
Assessments		T1023		Encounter	139	216	\$78,033	\$561	\$361	2
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	15	91	\$7,004	\$467	\$77	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,021		\$4,458,994			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

North Country				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	11	102	\$76,760	\$6,978	\$753	9
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	5	78	\$32,189	\$6,438	\$413	16
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	85	1,076	\$925,425	\$10,887	\$860	13
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	27	461	\$43,471	\$1,610	\$94	17
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	4	38	\$27,742	\$6,936	\$730	10
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$29,444	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$81,954	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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North Country				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	4	16	\$6,723	\$1,681	\$420	4
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	1	1	\$755	\$755	\$755	1
Assessment		90792		Encounter	107	107	\$54,798	\$512	\$512	1
Mental Health: Outpatient Care		90832		30 Minutes	106	170	\$15,066	\$142	\$89	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	504	2,308	\$343,464	\$681	\$149	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	179	842	\$152,899	\$854	\$182	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	3	9	\$1,566	\$522	\$174	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	7	10	\$1,599	\$228	\$160	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	1	3	\$1,594	\$1,594	\$531	3
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	72	581	\$52,720	\$732	\$91	8

Adults with Mental Illness

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North Country	Revenue Code	HCPCS Code	Modifier	Unit	C	Units	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category				Measure	Cases		Cost			
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	11	85	\$13,662	\$1,242	\$161	8
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	88	871	\$112,992	\$1,284	\$130	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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North Country				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	366	907	\$125,923	\$344	\$139	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	8	20	\$2,102	\$263	\$105	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	436	1,335	\$362,524	\$831	\$272	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	37	42	\$12,081	\$327	\$288	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$64	\$64	\$64	1
Additional Codes-Physician Services		99222		50 Minutes	3	3	\$436	\$145	\$145	1
Additional Codes-Physician Services		99223		70 Minutes	1	5	\$1,073	\$1,073	\$215	5
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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North Country				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	4	22	\$1,422	\$356	\$65	6
Additional Codes-Physician Services		99232		25 minutes	3	4	\$303	\$101	\$76	1
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$100	\$100	\$100	1
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

North Country		yanaa a .		Unit		***				***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$679	\$679	\$679	1
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	61	68	\$11,546	\$189	\$170	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	104	615	\$374,646	\$3,602	\$609	6
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

North Country		yyanaa a .	16 N.C.	Unit		** .		aa	a	** ***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	816	865	\$347,645	\$426	\$402	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$587	\$587	\$587	1
Treatment Planning		H0032		Encounter	716	998	\$258,007	\$360	\$259	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	125	208	\$42,605	\$341	\$205	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	75	781	\$63,913	\$852	\$82	10
Home Based Services		H0036		15 Minutes	1	50	\$3,678	\$3,678	\$74	50
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	95	16,493	\$908,436	\$9,562	\$55	174
Community Living Supports in Independent living/own home		H0043		Per diem	15	3,490	\$449,790	\$29,986	\$129	233
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	4	8	\$1,135	\$284	\$142	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	596	2,570	\$147,781	\$248	\$58	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	16	14,367	\$52,777	\$3,299	\$4	898
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	113	83,221	\$356,005	\$3,150	\$4	736
Community Living Supports (Daily)		H2016		Per Diem	104	7,608	\$1,413,311	\$13,590	\$186	73
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	6	381	\$36,128	\$6,021	\$95	64
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	59	10,354	\$300,293	\$5,090	\$29	175
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Serves Capeys	North Country				Unit						
Page	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Mone Shores	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Selection About Completine Care 0000, 0000, 6014 12018 187	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	175	211,750	\$1,048,918	\$5,994	\$5	1,210
Mishane Ahme Comprised Care 1915, 1916, 1919 1918	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Per Mile Store Per Mile Store Per Mile Store Store Per Mile Store Store Store Per Mile Store Store Store Store Per Mile Store St	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Personal Emergency Reposes System (PERS) Store S	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Solution	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Family Training	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training S511	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training	Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training S5111 HM Encounter 0 0 0 50 50 50 50 0 0 0 0 0 0 0 0 0 0	Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
BHTABA Family Training	Family Training		S5111	HA	Encounter	1	8	\$3,669	\$3,669	\$459	8
Fronter Care	Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
Protect Care	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Respite	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Respite	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	Respite		S5151		Per Diem	1	5	\$268	\$268	\$54	5
Environmental Modification S5165 Service 0 0 0 S0 S0 S0 S0 C0 Cabanaced Medical Equipment-Supplies S5199 Items 0 0 0 S0 S0 S0 S0 C0 Cocupational or Physical Therapy S8990 Encounter 0 0 0 S0 S0 S0 S0 S0 C0 Cocupational or Physical Therapy S8990 Encounter 0 0 0 S0 S0 S0 S0 S0 S0 C0 C0cupational or Physical Therapy S8990 Encounter 117 106 S57,03 S335 S54 C0 S1461 Services S9446 Encounter 117 106 S57,03 S335 S54 C0 S1461 Services S9446 Encounter 117 106 S57,03 S335 S54 C0 S1461 Services S9470 Encounter 0 0 S0 S0 S0 S0 S0 S0 C0 C0 S1461 S1461 Services S1461 Services S1461 S1461 Services S1461	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies S5199 Items 0 0 S0 S0 S0 CO Occupational or Physical Therapy \$8990 Encounter 0 0 50 50 50 60 Health Services \$9445 Encounter 21 26 \$4,994 \$238 \$192 1 Health Services \$9446 Encounter 17 106 \$5,703 \$335 \$54 6 Health Services \$9470 Encounter 17 106 \$5,703 \$335 \$54 6 Health Services - Direct Model \$9482 15 minutes 22 1,189 \$132,229 \$5,601 \$10 \$5 Intensive Crisis Stabilization-Eurolled Program \$984 Hour 0 0 \$0 </td <td>Personal Emergency Response System (PERS)</td> <td></td> <td>S5161</td> <td></td> <td>Month</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Segue Segu	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Health Services	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Health Services S946 Encounter 17 106 S5,703 S35 S54 C C C C C C C C C C C C C C C C C C C	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services	Health Services		S9445		Encounter	21	26	\$4,994	\$238	\$192	1
Prevention Services - Direct Model	Health Services		S9446		Encounter	17	106	\$5,703	\$335	\$54	6
Health Services Hour Description Sy844 Hour Description Sy976 Days Days Description Days Description Days Description Days Description Days Description Descript	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Residential Room and Board S9976 PF Days 109 1,691 \$56,244 \$516 \$33 100 \$100 \$100 \$100 \$100 \$100 \$100 \$	Prevention Services - Direct Model		S9482		15 minutes	22	1,189	\$123,229	\$5,601	\$104	54
Substance Abuse Services: Residential Room and Board S9976 HF Days 0 0 \$0	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Residential Room and Board		S9976		Days	109	1,691	\$56,244	\$516	\$33	16
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment T1001 Encounter 19 19 \$4,548 \$239 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$239 \$239 \$14,548 \$14	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 18 35 \$2,983 \$166 \$85 2 Respite Care T1005 15 Minutes 0 0 \$0	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 0 0 \$0 </td <td>Assessment</td> <td></td> <td>T1001</td> <td></td> <td>Encounter</td> <td>19</td> <td>19</td> <td>\$4,548</td> <td>\$239</td> <td>\$239</td> <td>1</td>	Assessment		T1001		Encounter	19	19	\$4,548	\$239	\$239	1
Respite Care T1005 TD 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>18</td> <td>35</td> <td>\$2,983</td> <td>\$166</td> <td>\$85</td> <td>2</td>	Health Services		T1002		Up to 15 min	18	35	\$2,983	\$166	\$85	2
Respite Care T1005 TE 15 Minutes 0 0 \$0 </td <td>Respite Care</td> <td></td> <td>T1005</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Respite Care		T1005		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 \$0 \$0 \$0 \$0	Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

North Country				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	17	405	\$38,704	\$2,277	\$96	24
Targeted Case Management		T1017		15 minutes	314	11,956	\$899,403	\$2,864	\$75	38
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	37	900	\$104,082	\$2,813	\$116	24
Personal Care in Licensed Specialized Residential Setting		T1020		Days	104	7,607	\$191,817	\$1,844	\$25	73
Assessments		T1023		Encounter	229	299	\$140,213	\$612	\$469	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	4	40	\$5,351	\$1,338	\$134	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					5	0	\$342	\$68	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,918		\$9,880,281			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northeast Michigan				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	3	20	\$14,777	\$4,926	\$739	7
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	95	628	\$548,592	\$5,775	\$874	7
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	32	234	\$35,294	\$1,103	\$151	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	11	95	\$80,020	\$7,275	\$842	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	7	\$84	\$84	\$12	7
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$10,054	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$172,861	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northeast Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological	0900, 0902-0904,			# of visits	0	0	\$0	\$0	\$0	0
Treatments/Services	0911, 0914-0919			D	0	0	CO	60	¢o.	0
Outpatient Partial Hospitalization	0912			Days	0		\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0 \$0	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
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	3	3	\$890	\$297	\$297	1
Assessment		90792		Encounter	164	164	\$98,197	\$599	\$599	1
Mental Health: Outpatient Care		90832		30 Minutes	73	100	\$7,253	\$99	\$73	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	340	1,897	\$182,375	\$536	\$96	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	110	399	\$49,828	\$453	\$125	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	6	\$816	\$816	\$136	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	2	\$272	\$272	\$136	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	20	272	\$22,459	\$1,123	\$83	14
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northeast Michigan	December Code	HCDCS C- 1-	M - 25	Unit		TT-14-		G1/G	Contact	H-it/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	3	\$1,403	\$1,403	\$468	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	53	608	\$41,145	\$776	\$68	11
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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State of Michigan QMPmeasures@michigan.gov

Northeast Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	54	54	\$10,906	\$202	\$202	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	99	99	\$34,830	\$352	\$352	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	10	17	\$2,383	\$238	\$140	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1	2	\$16	\$16	\$8	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	24	31	\$3,425	\$143	\$110	1
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	711	2,084	\$514,290	\$723	\$247	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	216	373	\$125,386	\$580	\$336	2
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	2	3	\$462	\$231	\$154	2
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

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Northeast Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	2	16	\$1,180	\$590	\$74	8
Additional Codes-Physician Services		99232		25 minutes	2	5	\$402	\$201	\$80	3
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	5	5	\$1,772	\$354	\$354	1
Physician Consultations		99252		40 Minutes	4	4	\$1,969	\$492	\$492	1
Physician Consultations		99253		55 Minutes	6	6	\$4,065	\$677	\$677	1
Physician Consultations		99254		80 Minutes	1	1	\$983	\$983	\$983	1
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northeast Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	30	30	\$4,115	\$137	\$137	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	<u> </u>	Days	13	85	\$29,234	\$2,249	\$344	7
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northeast Michigan	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Trevenue code	H0020			0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone				Encounter			\$0	\$0 \$0	\$0 \$0	
Substance Abuse: Early Intervention		H0022		Encounter	0	0			\$0 \$53	0
Peer Directed and Operated Support Services		H0023		Encounter	61	2,101	\$112,237	\$1,840		34
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	575	691	\$229,889	\$400	\$333	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$32	\$32	\$32	1
Treatment Planning		H0032		Encounter	530	587	\$86,907	\$164	\$148	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	210	339	\$43,031	\$205	\$127	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	133	\$8,553	\$4,277	\$64	67
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	42	4,271	\$117,606	\$2,800	\$28	102
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	47	7,953	\$581,002	\$12,362	\$73	169
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	4	\$925	\$925	\$231	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	380	1,581	\$115,262	\$303	\$73	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	10	1,074	\$10,693	\$1,069	\$10	107
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	210	33,923	\$579,158	\$2,758	\$17	162
Community Living Supports (Daily)		H2016		Per Diem	21	7,178	\$1,012,157	\$48,198	\$141	342
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	2	86	\$8,443	\$4,221	\$98	43
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	100	5,545	\$238,582	\$2,386	\$43	55
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Northeast Michigan	Revenue Code	HCPCS Code	Modifier	Unit	Coope	Units	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category				Measure	Cases		Cost			
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	71	57,725	\$349,844	\$4,927	\$6	813
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	1	\$141	\$141	\$141	1
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	12	\$14,220	\$14,220	\$1,185	12
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2	3	\$359	\$179	\$120	2
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	15	796	\$51,190	\$3,413	\$64	53
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	5	5	\$1,386	\$277	\$277	1
Health Services		T1002		Up to 15 min	2	9	\$1,028	\$514	\$114	5
Respite Care		T1005		15 Minutes	1	124	\$73	\$73	\$1	124
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northeast Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	194	7,064	\$363,772	\$1,875	\$51	36
Targeted Case Management		T1017		15 minutes	252	12,697	\$643,637	\$2,554	\$51	50
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	30	827	\$126,681	\$4,223	\$153	28
Personal Care in Licensed Specialized Residential Setting		T1020		Days	21	7,177	\$59,567	\$2,837	\$8	342
Assessments		T1023		Encounter	177	236	\$78,264	\$442	\$332	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	7	48	\$1,223	\$175	\$25	7
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1	1	\$467	\$467	\$467	1
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	8	57	\$9,346	\$1,168	\$164	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)	-				0	0	\$0	\$0	\$0	0
Other					2	0	\$241	\$121	\$0	0
Aggregate for 'J' Codes		ALL			21	0	\$18,809	\$896	\$0	0
Total Population and Cost					1,311		\$6,866,462			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northern Lakes				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	17	169	\$133,722	\$7,866	\$791	10
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	9	82	\$21,322	\$2,369	\$260	9
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	246	1,924	\$1,677,018	\$6,817	\$872	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	71	733	\$119,104	\$1,678	\$162	10
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	21	139	\$90,956	\$4,331	\$654	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	10	\$197	\$197	\$20	10
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$3,756	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$43,194	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	5	\$4,133	\$4,133	\$827	5

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northern Lakes				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	16	114	\$26,252	\$1,641	\$230	7
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			1	1	\$160	\$160	\$160	1
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	285	293	\$206,047	\$723	\$703	1
Mental Health: Outpatient Care		90832		30 Minutes	213	410	\$40,399	\$190	\$99	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	561	2,899	\$430,933	\$768	\$149	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	112	276	\$66,326	\$592	\$240	2
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	8	51	\$5,017	\$627	\$98	6
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	186	1,779	\$134,319	\$722	\$76	10

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northern Lakes	D C. 1.	HCDCC C- 1-	M. P.C.	Unit		TT-14-		G1/G	G	H-14/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	6	8	\$1,772	\$295	\$222	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	13	43	\$7,086	\$545	\$165	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	183	1,701	\$169,484	\$926	\$100	9
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Northern Lakes Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational of Physical Therapy Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0 \$0	\$0	\$0 \$0	0
Occupational of Physical Therapy Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0 \$0	0
Occupational of Physical Therapy Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0 \$0	0
- 		97542			1	12	\$616	\$616	\$51	
Occupational or Physical Therapy				15 Minutes	0	0	\$0			12
Occupational or Physical Therapy		97750		15 Minutes		0		\$0	\$0	0
Occupational Therapy		97755		15 Minutes	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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	8	32	\$2,191	\$274	\$68	4
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	55	67	\$12,102	\$220	\$181	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	8	8	\$1,570	\$196	\$196	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	576	953	\$201,441	\$350	\$211	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,149	3,136	\$709,707	\$618	\$226	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	27	28	\$7,047	\$261	\$252	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	18	18	\$2,351	\$131	\$131	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northern Lakes				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	22	96	\$5,761	\$262	\$60	4
Additional Codes-Physician Services		99232		25 minutes	34	43	\$2,950	\$87	\$69	1
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	2	2	\$312	\$156	\$156	1
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northern Lakes	Revenue Code	HCPCS Code	Modifier	Unit		Units		Cost/Case	Contact and the state of the st	Unit/Case
Service Category	Revenue Code		Modifier	Measure	Cases		Cost		Cost/Unit	
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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		, <u>, , , , , , , , , , , , , , , , , , </u>	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	207	215	\$26,406	\$128	\$123	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	92	1,554	\$518,944	\$5,641	\$334	17
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northern Lakes Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	937	1,005	\$314,368	\$336	\$313	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		2	2	\$1,037	\$519	\$519	1
Treatment Planning		H0032		Encounter	981	1,245	\$460,500	\$469	\$370	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	7	21	\$5,793	\$828	\$276	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	1	1	\$81	\$81	\$81	1
Home Based Services		H0036		15 Minutes	5	123	\$7,990	\$1,598	\$65	25
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	133	9,234	\$393,732	\$2,960	\$43	69
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	156	23,867	\$2,251,141	\$14,430	\$94	153
Community Living Supports in Independent living/own home		H0043		Per diem	2	335	\$29,741	\$14,871	\$89	168
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	14	53	\$9,254	\$661	\$175	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	17	83	\$10,946	\$644	\$132	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	1,615	7,399	\$767,292	\$475	\$104	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13	17,340	\$61,429	\$4,725	\$4	1,334
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	1	160	\$520	\$520	\$3	160
Community Living Supports (15 Minutes)		H2015		15 Minutes	46	23,074	\$126,593	\$2,752	\$5	502
Community Living Supports (Daily)		H2016		Per Diem	104	19,780	\$2,053,225	\$19,743	\$104	190
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	4	\$302	\$302	\$76	4
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	11	3,651	\$15,485	\$1,408	\$4	332
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northern Lakes				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	157	145,491	\$785,514	\$5,003	\$5	927
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	10	\$1,792	\$1,792	\$179	10
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	176	180	\$46,751	\$266	\$260	1
Health Services		T1002		Up to 15 min	4	381	\$4,138	\$1,035	\$11	95
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northern Lakes				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	18	105	\$9,561	\$531	\$91	6
Targeted Case Management		T1017		15 minutes	654	22,566	\$2,080,545	\$3,181	\$92	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	60	1,842	\$186,486	\$3,108	\$101	31
Personal Care in Licensed Specialized Residential Setting		T1020		Days	105	20,146	\$827,955	\$7,885	\$41	192
Assessments		T1023		Encounter	1,165	1,725	\$833,551	\$715	\$483	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	42	48	\$20,290	\$483	\$423	1
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	11	\$1,490	\$1,490	\$135	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					3,440		\$15,980,097			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northpointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	2	10	\$11,799	\$5,900	\$1,180	5
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	34	303	\$288,207	\$8,477	\$951	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	7	78	\$5,989	\$856	\$77	11
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	2	22	\$18,015	\$9,008	\$819	11
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901	,	,	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Northpointe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	162	171	\$97,309	\$601	\$569	1
Assessment		90792		Encounter	51	51	\$28,889	\$566	\$566	1
Mental Health: Outpatient Care		90832		30 Minutes	113	310	\$34,504	\$305	\$111	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	147	529	\$94,267	\$641	\$178	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	143	632	\$153,583	\$1,074	\$243	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	3	6	\$1,490	\$497	\$248	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	7	21	\$4,628	\$661	\$220	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	57	575	\$139,981	\$2,456	\$243	10

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northpointe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	1	1	\$138	\$138	\$138	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	38	\$3,860	\$1,287	\$102	13
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	92	858	\$65,306	\$710	\$76	9
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Northpointe	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Modifier							
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	3	16	\$794	\$265	\$50	5
Assessment or Health Services		97803		15 Minutes	2	7	\$347	\$174	\$50	4
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$323	\$323	\$323	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	31	53	\$2,633	\$85	\$50	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	32	34	\$3,587	\$112	\$106	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	395	1,222	\$198,752	\$503	\$163	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	223	447	\$100,747	\$452	\$225	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	55	66	\$22,972	\$418	\$348	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$331	\$166	\$166	1
Additional Codes-Physician Services		99222		50 Minutes	3	2	\$399	\$133	\$200	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Northpointe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	1	\$60	\$60	\$60	1
Additional Codes-Physician Services		99232		25 minutes	5	22	\$1,311	\$262	\$60	4
Additional Codes-Physician Services		99233		35 Minutes	2	4	\$692	\$346	\$173	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	2	\$268	\$268	\$134	2
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northpointe	Revenue Code	HCDCS C. I.	M. P.C.	Unit		TTotal		G1/G	Contlina	H-i/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	8	70	\$20,954	\$2,619	\$299	9
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	32	32	\$8,631	\$270	\$270	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	13	146	\$46,885	\$3,607	\$321	11
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Northpointe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	230	249	\$62,892	\$273	\$253	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		1	1	\$880	\$880	\$880	1
Treatment Planning		H0032		Encounter	285	437	\$59,119	\$207	\$135	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1	1	\$216	\$216	\$216	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	8	9	\$983	\$123	\$109	1
Home Based Services		H0036		15 Minutes	13	1,526	\$57,300	\$4,408	\$38	117
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	107	5,786	\$62,449	\$584	\$11	54
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			207	0	\$77,473	\$374	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	30	6,653	\$370,529	\$12,351	\$56	222
Community Living Supports in Independent living/own home		H0043		Per diem	4	904	\$96,892	\$24,223	\$107	226
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	453	3,619	\$202,501	\$447	\$56	8
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	61	58,710	\$222,646	\$3,650	\$4	962
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	57	12,382	\$175,304	\$3,076	\$14	217
Community Living Supports (Daily)		H2016		Per Diem	27	3,466	\$460,486	\$17,055	\$133	128
Behavior Services		H2019		15 Minutes	36	1,294	\$48,174	\$1,338	\$37	36
Behavior Services		H2019	TT	15 Minutes	25	2,006	\$32,208	\$1,288	\$16	80
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	40	52,261	\$257,241	\$6,431	\$5	1,307
Mental Health Therapy	<u> </u>	H2027		15 Minutes						0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

California Professorial Parlamenta (1997) 15 Minuses 1	Northpointe	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
1988 1988	Service Category										
Monte Norwisch	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Solution About Complained Care 1971, 1971, 1971, 1971 1971	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	14	7,820	\$87,896	\$6,278	\$11	559
September 1000, 000, 0010,	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Paragraphitation \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.000000 \$0.000000 \$0.000000 \$0.000000 \$0.0000000 \$0.00000000 \$0.0000000000	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Transportation	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Selection Sele	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training S5111 HA Executive 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training	Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
BHTABA Family Training	Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Poster Care	Family Training		S5111	НМ	Encounter	1	4	\$173	\$173	\$43	4
Poster Care	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Respite	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Personal Energency Response System (PERS) S516 Encounter 0 0 50 50 50 50 50 50	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161 Month 0 0 S0 S0 S0 S0 S0 S0	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Environmental Modification S5165 Service 0 0 S0 S0 S0 S0 Enhanced Medical Equipment Supplies S5199 Items 0 0 S0 S0 S0 S0 S0 S0	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Embanced Medical Equipment-Supplies S5199 Items 0 0 S0 S0 S0 S0 S0 Cocupational or Physical Therapy S8990 Encounter 0 0 S0 S0 S0 S0 S0 S0	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Segue Segu	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Health Services S9445 Encounter 0 0 0 S0 S0 S0 S0 S0 Encounter 1 S945 Encounter 28 S64 S217,253 S7,759 S385 22 Health Services S946 Encounter 0 0 0 S0	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Health Services S9446 Encounter 28 564 \$217,253 \$7,759 \$385 29 Health Services S9470 Encounter 0 0 50 \$50 \$50 \$60 Pevention Services - Direct Model S9482 15 minutes 0 0 50 \$50 \$50 \$60 Intensive Crisis Stabilization-Enrolled Program S9484 Hour 0 0 50 \$50 \$50 \$60 Residential Room and Board S9976 Days 0 0 50 \$50 \$50 \$60 Residential Room and Board S9976 HF Days 0 0 50 \$50 \$50 \$60 Private Duty Nursing T1000 Up to 15 min 0 0 50 \$50 \$50 \$60 Private Duty Nursing T1000 TD Up to 15 min 0 0 \$50 \$50 \$50 Private Duty Nursing T1000 TE Up to 15 min 0 0 \$50 \$50 \$50 Assessment T1001 Encounter 2 2 \$451 \$226 \$226 Health Services T1002 Up to 15 min 59 165 \$6,637 \$112 \$40 Respite Care T1005 TD 15 Minutes 0 0 50 \$50 \$50 \$60 Respite Care T1005 TE 15 Minutes 0 0 50 \$50 \$50 \$60 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 50 50 \$50 \$50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 50 50 50 \$50 \$50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 50 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 0 50 50 50 Respite Care (Children's Waiver & SED Waiver)	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services	Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model	Health Services		S9446		Encounter	28	564	\$217,253	\$7,759	\$385	20
Intensive Crisis Stabilization-Enrolled Program	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Residential Room and Board \$9976 Days 0 0 \$0	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board S9976 HF Days 0 0 \$0	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 Up to 15 min 0 0 \$0	Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 \$226 \$20 \$20 \$20	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment T1001 Encounter 2 2 \$451 \$226 \$226 Health Services T1002 Up to 15 min 59 165 \$6,637 \$112 \$40 5 Respite Care T1005 15 Minutes 0 0 \$0	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 59 165 \$6,637 \$112 \$40 Respite Care T1005 15 Minutes 0 0 \$0	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 0 0 \$0 </td <td>Assessment</td> <td></td> <td>T1001</td> <td></td> <td>Encounter</td> <td>2</td> <td>2</td> <td>\$451</td> <td>\$226</td> <td>\$226</td> <td>1</td>	Assessment		T1001		Encounter	2	2	\$451	\$226	\$226	1
Respite Care T1005 TD 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>59</td> <td>165</td> <td>\$6,637</td> <td>\$112</td> <td>\$40</td> <td>3</td>	Health Services		T1002		Up to 15 min	59	165	\$6,637	\$112	\$40	3
Respite Care T1005 TE 15 Minutes 0 0 \$0 </td <td>Respite Care</td> <td></td> <td>T1005</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Respite Care		T1005		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 \$0	Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0 \$0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Northpointe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	7	10	\$1,654	\$236	\$165	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	514	14,414	\$725,382	\$1,411	\$50	28
Targeted Case Management		T1017		15 minutes	58	2,455	\$123,490	\$2,129	\$50	42
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	15	\$844	\$281	\$56	5
Personal Care in Licensed Specialized Residential Setting		T1020		Days	18	3,466	\$87,299	\$4,850	\$25	193
Assessments		T1023		Encounter	105	142	\$93,430	\$890	\$658	1
Prevention Services - Direct Model		T1027		15 Minutes	2	9	\$609	\$305	\$68	5
Enhanced Medical Supplies or Pharmacy		T1999		Items	3	14	\$550	\$183	\$39	5
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	\$69	\$69	\$69	1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,055		\$4,890,679			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Oakland				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	623	6,654	\$2,590,012	\$4,157	\$389	11
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	1,400	17,017	\$6,718,787	\$4,799	\$395	12
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	3	41	\$5,808	\$1,936	\$142	14

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Oakland				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	137	1,439	\$181,475	\$1,325	\$126	11
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	3,916	5,058	\$1,323,062	\$338	\$262	1
Assessment		90792		Encounter	1,198	1,200	\$459,473	\$384	\$383	1
Mental Health: Outpatient Care		90832		30 Minutes	479	972	\$75,291	\$157	\$77	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1,108	3,628	\$491,515	\$444	\$135	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	1,054	5,187	\$813,682	\$772	\$157	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	4	7	\$596	\$149	\$85	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	12	20	\$3,377	\$281	\$169	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	1,240	19,317	\$1,121,420	\$904	\$58	16

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Oakland				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	9	\$3,454	\$691	\$384	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	1,427	9,726	\$566,858	\$397	\$58	7
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Oakland	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code		Wodiffer							
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	22	405	\$21,863	\$994	\$54	18
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	29	29	\$5,971	\$206	\$206	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	532	534	\$86,033	\$162	\$161	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	174	179	\$31,102	\$179	\$174	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	153	155	\$39,537	\$258	\$255	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	315	318	\$81,293	\$258	\$256	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	381	495	\$35,478	\$93	\$72	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	1,895	3,787	\$354,407	\$187	\$94	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	6,641	21,419	\$3,115,941	\$469	\$145	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	2,258	4,401	\$712,770	\$316	\$162	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	233	275	\$58,146	\$250	\$211	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Oakland				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Oakland	Revenue Code	HCPCS Code	Modifier	Unit	Corre	Units	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Woullier	Measure	Cases		Cost			
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	97	104	\$34,355	\$354	\$330	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	14	127	\$39,250	\$2,804	\$309	9
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	100	100	\$27,040	\$270	\$270	1
Assessment		H0002		Encounter	588	597	\$10,407	\$18	\$17	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	381	2,985	\$1,407,887	\$3,695	\$472	8
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Oakland Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
		H0025	ПГ		0	0	\$0	\$0 \$0	\$0 \$0	0
Prevention Services - Direct Model				Face to Face Contact						
Assessment		H0031	LDAZ	Encounter	4,374	5,465	\$1,566,356	\$358	\$287	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	3,823	5,984	\$831,886	\$218	\$139	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	27	27	\$3,387	\$125	\$125	1
Home Based Services		H0036		15 Minutes	9	320	\$16,015	\$1,779	\$50	36
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2,482	50,447	\$2,020,602	\$814	\$40	20
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	539	107,424	\$6,127,178	\$11,368	\$57	199
Community Living Supports in Independent living/own home		H0043		Per diem	100	28,778	\$2,936,770	\$29,368	\$102	288
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	1	1	\$17	\$17	\$17	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8	56	\$1,572	\$196	\$28	7
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	3,384	12,908	\$1,764,002	\$521	\$137	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	111	141,068	\$704,285	\$6,345	\$5	1,271
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	189	179,094	\$964,471	\$5,103	\$5	948
Community Living Supports (Daily)		H2016		Per Diem	336	98,753	\$10,627,709	\$31,630	\$108	294
Behavior Services		H2019		15 Minutes	81	4,593	\$233,210	\$2,879	\$51	57
Behavior Services		H2019	TT	15 Minutes	65	7,464	\$362,722	\$5,580	\$49	115
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	<u> </u>	15 minutes	429	22,357	\$1,473,661	\$3,435	\$66	52
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
		112027		15 minutes			40	40	90	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Oakland				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	442	566,278	\$1,937,001	\$4,382	\$3	1,281
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	7	82	\$4,221	\$603	\$51	12
Family Training		S5111		Encounter	30	265	\$8,798	\$293	\$33	9
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	1	123	\$7,163	\$7,163	\$58	123
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	2,657	4,863	\$239,124	\$90	\$49	2
Health Services		S9446		Encounter	56	118	\$20,018	\$357	\$170	2
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	381	2,985	\$614,227	\$1,612	\$206	8
Substance Abuse Services: 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	219	224	\$43,592	\$199	\$195	1
Health Services	·	T1002		Up to 15 min	5,648	19,204	\$1,197,368	\$212	\$62	3
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Oakland				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	9	13	\$2,249	\$250	\$173	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	56	\$1,896	\$632	\$34	19
Targeted Case Management		T1017		15 minutes	9,386	309,810	\$19,021,130	\$2,027	\$61	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	63	\$3,563	\$1,188	\$57	21
Personal Care in Licensed Specialized Residential Setting		T1020		Days	335	98,536	\$7,861,958	\$23,469	\$80	294
Assessments		T1023		Encounter	2,021	2,781	\$1,951,090	\$965	\$702	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	21	185	\$18,031	\$859	\$97	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	1,166	4,949	\$1,495,147	\$1,282	\$302	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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					13,177		\$84,476,712			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Ottawa	Revenue Code	HCPCS Code	Modifier	Unit		Units		Cost/Case	Cost/Unit	Unit/Case
Service Category		HCPCS Code		Measure	Cases		Cost			Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	22	171	\$119,967	\$5,453	\$702	8
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	43	581	\$115,510	\$2,686	\$199	14
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	146	1,225	\$930,532	\$6,374	\$760	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	78	966	\$139,885	\$1,793	\$145	12
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	2	\$1,612	\$1,612	\$806	2
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	7	\$44	\$44	\$6	7
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	3	11	\$8,482	\$2,827	\$771	4

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Ottawa				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	40	224	\$51,952	\$1,299	\$232	6
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	34	34	\$11,370	\$334	\$334	1
Assessment		90792		Encounter	175	175	\$109,465	\$626	\$626	1
Mental Health: Outpatient Care		90832		30 Minutes	91	165	\$18,380	\$202	\$111	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	173	432	\$74,248	\$429	\$172	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	301	1,728	\$532,518	\$1,769	\$308	6
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	17	17	\$992	\$58	\$58	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	-	90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	·	90847		Encounter	4	11	\$1,818	\$455	\$165	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	7	14	\$1,119	\$160	\$80	2

Adults with Mental Illness

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Ottawa				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	6	\$3,052	\$1,017	\$509	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	103	992	\$48,522	\$471	\$49	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	<u> </u>	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

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State of Michigan QMPmeasures@michigan.gov

Ottawa				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	50	50	\$6,883	\$138	\$138	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	61	80	\$7,620	\$125	\$95	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	272	639	\$101,855	\$374	\$159	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	280	486	\$115,788	\$414	\$238	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	86	111	\$39,129	\$455	\$353	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99221		30 Minutes	1	1	\$87	\$87	\$87	1
Additional Codes-Physician Services		99222		50 Minutes	1	1	\$87	\$87	\$87	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

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Ottawa				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	1	3	\$260	\$260	\$87	3
Additional Codes-Physician Services		99232		25 minutes	1	2	\$48	\$48	\$24	2
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$87	\$87	\$87	1
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Ottawa				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	154	242	\$18,029	\$117	\$75	2
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	6	53	\$16,457	\$2,743	\$311	9
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	414	417	\$53,222	\$129	\$128	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	251	1,393	\$594,393	\$2,368	\$427	6
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Ottawa	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Trevenue code		- Trouille							
Substance Abuse: Methadone Substance Abuse: Early Intervention		H0020 H0022		Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
_ -				Encounter	0	0				
Peer Directed and Operated Support Services		H0023		Encounter			\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	471	477	\$272,821	\$579	\$572	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	413	562	\$93,711	\$227	\$167	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	112	127	\$19,232	\$172	\$151	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	93	4,173	\$302,838	\$3,256	\$73	45
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			258	0	\$62,040	\$240	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	55	5,523	\$678,952	\$12,345	\$123	100
Community Living Supports in Independent living/own home		H0043		Per diem	8	1,748	\$288,678	\$36,085	\$165	219
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	457	1,330	\$264,218	\$578	\$199	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	12	26,942	\$81,295	\$6,775	\$3	2,245
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	45	43,553	\$211,435	\$4,699	\$5	968
Community Living Supports (Daily)		H2016		Per Diem	23	6,302	\$1,004,776	\$43,686	\$159	274
Behavior Services		H2019		15 Minutes	9	257	\$15,479	\$1,720	\$60	29
Behavior Services		H2019	TT	15 Minutes	6	206	\$5,849	\$975	\$28	34
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	<u> </u>	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
		112021		15 1.1110105			ΨΟ	ΨΟ	ΨΟ	0

Adults with Mental Illness

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Ottawa				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	69	113,465	\$629,505	\$9,123	\$6	1,644
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	3	16	\$1,803	\$601	\$113	5
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	245	1,333	\$42,275	\$173	\$32	5
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	2	\$342	\$342	\$171	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Ottawa				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	6	12	\$1,613	\$269	\$134	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	29	\$4,782	\$1,594	\$165	10
Targeted Case Management		T1017		15 minutes	357	7,898	\$634,973	\$1,779	\$80	22
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	23	6,288	\$467,188	\$20,313	\$74	273
Assessments		T1023		Encounter	395	473	\$410,697	\$1,040	\$868	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	3	19	\$1,975	\$658	\$104	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$9,861	\$0	\$0	0
Total Population and Cost					1,360		\$8,629,751			_

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pathways				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	2	16	\$26,811	\$13,405	\$1,676	8
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	2	23	\$6,210	\$3,105	\$270	12
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	183	1,687	\$1,511,592	\$8,260	\$896	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	18	249	\$17,044	\$947	\$68	14
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$35,530	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Pathways				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	74	79	\$39,357	\$532	\$498	1
Assessment		90792		Encounter	66	66	\$48,613	\$737	\$737	1
Mental Health: Outpatient Care		90832		30 Minutes	149	315	\$20,815	\$140	\$66	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	201	524	\$135,215	\$673	\$258	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	362	1,985	\$773,099	\$2,136	\$389	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	4	9	\$286	\$71	\$32	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	3	\$1,085	\$542	\$362	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	68	894	\$206,251	\$3,033	\$231	13

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pathways	Revenue Code	HCPCS Code	Modifier	Unit	6	Units	a .	Cost/Case	Cost/Unit	Unit/Case
Service Category				Measure	Cases		Cost			
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	12	12	\$4,011	\$334	\$334	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	37	\$4,038	\$673	\$109	6
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	1	1	\$109	\$109	\$109	1
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	64	641	\$115,259	\$1,801	\$180	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$649	\$649	\$649	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	-	15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Pathways		wanaa a .	16.110	Unit		** .		aa		***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	1	1	\$503	\$503	\$503	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	59	59	\$39,267	\$666	\$666	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	21	34	\$3,734	\$178	\$110	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	386	982	\$181,565	\$470	\$185	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	418	1,380	\$388,857	\$930	\$282	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	36	37	\$16,794	\$466	\$454	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	1	1	\$115	\$115	\$115	1
Additional Codes-Physician Services		99222		50 Minutes	7	7	\$992	\$142	\$142	1
Additional Codes-Physician Services		99223		70 Minutes	3	3	\$2,258	\$753	\$753	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

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Adults with Mental Illness

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Pathways				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	5	42	\$1,801	\$360	\$43	8
Additional Codes-Physician Services		99232		25 minutes	8	35	\$4,546	\$568	\$130	4
Additional Codes-Physician Services		99233		35 Minutes	2	5	\$649	\$325	\$130	3
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	3	3	\$348	\$116	\$116	1
Assessment		99335		Encounter	1	1	\$116	\$116	\$116	1
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	5	6	\$2,332	\$466	\$389	1
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	3	7	\$1,208	\$403	\$173	2
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	36	36	\$20,577	\$572	\$572	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	38	372	\$200,963	\$5,289	\$540	10
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pathways Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Tre venue code				0	0	\$0			
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
Substance Abuse: Early Intervention		H0022		Encounter	39					0
Peer Directed and Operated Support Services		H0023		Encounter		2,006	\$200,998	\$5,154	\$100	51
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	237	283	\$148,414	\$626	\$524	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	482	765	\$217,957	\$452	\$285	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	30	\$8,738	\$2,913	\$291	10
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	13	125	\$2,985	\$230	\$24	10
Home Based Services		H0036		15 Minutes	6	362	\$17,450	\$2,908	\$48	60
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	33	1,408	\$32,914	\$997	\$23	43
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	76	16,271	\$1,113,416	\$14,650	\$68	214
Community Living Supports in Independent living/own home		H0043		Per diem	3	800	\$152,307	\$50,769	\$190	267
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	5	13	\$8,218	\$1,644	\$632	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	5	44	\$18,478	\$3,696	\$420	9
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	675	4,319	\$293,473	\$435	\$68	6
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	30	31,798	\$147,585	\$4,919	\$5	1,060
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	120	27,860	\$268,647	\$2,239	\$10	232
Community Living Supports (Daily)		H2016		Per Diem	67	10,106	\$885,133	\$13,211	\$88	151
Behavior Services		H2019		15 Minutes	30	1,150	\$61,600	\$2,053	\$54	38
Behavior Services		H2019	TT	15 Minutes	27	1,784	\$95,560	\$3,539	\$54	66
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	2	24	\$4,997	\$2,498	\$208	12
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	38	9,720	\$91,880	\$2,418	\$9	256
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Pathways				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	1	\$175	\$175	\$175	1
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	4	4	\$2,525	\$631	\$631	1
Health Services		T1002		Up to 15 min	4	33	\$2,698	\$674	\$82	8
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pathways				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	191	3,449	\$335,545	\$1,757	\$97	18
Targeted Case Management		T1017		15 minutes	368	7,863	\$708,894	\$1,926	\$90	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	14	82	\$7,330	\$524	\$89	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	50	10,112	\$983,368	\$19,667	\$97	202
Assessments		T1023		Encounter	329	464	\$219,655	\$668	\$473	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,455		\$9,843,542			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Pines				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	1	10	\$9,581	\$9,581	\$958	10
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	2	26	\$21,169	\$10,584	\$814	13
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	19	128	\$99,042	\$5,213	\$774	7
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	96	634	\$461,818	\$4,811	\$728	7
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	1	4	\$481	\$481	\$120	4
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

March Marc	Pines	D	HCDCC C. 1.	M. P.C.	Unit		TI-te-		G1/G	G/II-i	H-it/C
Propriet P	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Department Management	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services				# of visits	0	0	\$0	\$0	\$0	0
Equation Hospitals Accillany Services - Other Diagnosis Services O940 0942 # of visits O O O O O O O O O	Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Experience 100	Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Services Milational Confes-ETA Anschesia (901) (Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Additional Cades BCT Accordances Mailton Minutes	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Design Severe for Methalshown Clients Only	Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Deng Serven for Methaladner Clients Only	Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Parg Sereen for Methalome Clients Chaly	Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Sereen for Methadened Clients Oally S0033 per date of service 0 0 50 50 50 50 50 50	Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Parg Serene for Methadone Clients Oally 80384 each procedure 0 0 50 50 50 50 60	Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code	Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Internetive Complexity - Add On Code - SUD 90785 HF 0 0 0 50 50 50 50 50 Assessment 90791 Encounter 5 5 5 9998 \$320 \$320 \$320 Assessment 90792 Encounter 160 160 \$75,045 \$432 \$432 \$120 \$120 \$120 \$120 \$120 \$120 \$120 \$12	Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Assessment 90791 Encounter 5 5 5 5998 S200 S200 Assessment 90792 Encounter 169 169 169 S73.045 S432 S432 S432 Assessment 90792 Encounter 169 169 169 S73.045 S432 S432 S432 S432 S432 S432 S432 S432	Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Assessment 90792 Encounter 169 169 573.045 \$432 \$432 \$432 \$450 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$451 \$450 \$450 \$450 \$450 \$450 \$450 \$450 \$450	Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care 90832 30 Minutes 58 72 \$6,799 \$117 \$94	Assessment		90791		Encounter	5	5	\$998	\$200	\$200	1
Substance abuse: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832	Assessment		90792		Encounter	169	169	\$73,045	\$432	\$432	1
Assessment 9015, 0916, 0919 Assessment 90853 30 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Mental Health: Outpatient Care		90832		30 Minutes	58	72	\$6,799	\$117	\$94	1
Mental Health: Outpatient Care 90834 45 Minutes 184 408 \$57,435 \$312 \$141 Substance abuse: Outpatient Care 0900, 0906, 0914, 0915 or 100, 0919 90834 HF 45 Minutes 76 126 \$17,280 \$227 \$137 \$312 \$141 \$327 \$137 \$327 \$313 \$312 \$141 \$327 \$313 \$312 \$313 \$313 \$313 \$313 \$313 \$313 \$313 \$313 \$313 \$313 \$313 \$313 \$313 \$316 \$316 \$316 \$316 \$316	Substance abuse: Outpatient Care		90832	HF	30 Minutes	48	80	\$7,329	\$153	\$92	2
Substance abuse: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF	Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment 9015, 0916, 0919 Assessment 90836 45 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Mental Health: Outpatient Care		90834		45 Minutes	184	408	\$57,435	\$312	\$141	2
Mental Health: Outpatient Care 90837 60 Minutes 380 1,641 5272,159 \$716 \$166 4 Substance abuse: Outpatient Care 90837 HF 60 Minutes 89 192 \$30,707 \$345 \$160 \$ Assessment 90838 60 Minutes 0 0 0 \$50 \$50 \$0 Psychotherapy for Crisis First 60 Minutes 90839 First 30-74 Min. 0 0 0 \$50 \$50 \$50 \$60 Psychotherapy for Crisis Each Additional 30 Minutes 90840 Each Additional 30 Minutes 0 0 0 \$50 \$50 \$50 \$60 Psychotherapy for Crisis Each Additional 30 Minutes 90846 Eacounter 0 0 0 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906, 0914, 90846 HF Encounter 0 0 0 \$51,900 \$517 \$190 \$50 Substance Abuse: Outpatient Treatment 9090,0906, 0914, 90849 HS Encounter 0 0 0 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906, 0914, 90849 HS Encounter 0 0 0 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906, 0914, 90849 HS Encounter 0 0 0 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HS Encounter 0 0 0 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HS Encounter 0 0 0 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HS Encounter 0 0 0 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HS Encounter 0 0 0 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HF Encounter 0 0 0 \$50 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HF Encounter 0 0 0 \$50 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HF Encounter 0 0 0 50 \$50 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HF Encounter 0 0 0 50 \$50 \$50 \$50 \$50 \$60 Substance Abuse: Outpatient Treatment 9090,0906,0914, 90849 HF Encounter 0 0 0 50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	Substance abuse: Outpatient Care		90834	HF	45 Minutes	76	126	\$17,280	\$227	\$137	2
Substance abuse: Outpatient Care 90837 HF 60 Minutes 89 192 \$30,707 \$345 \$160 2 Assessment 90838 60 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Psychotherapy for Crisis First 60 Minutes 90839 First 30-74 Min. 0 0 0 \$0 \$0 \$0 \$0 Psychotherapy for Crisis Each Additional 30 Minutes 90840 Each Additional 30 0 0 \$0 \$0 \$0 Substance Abuse: Outpatient Treatment 90846 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0915, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0916, 0919 Substance Abuse: Outpatient Treatment 9090, 0910, 0916, 0914 Substance Abuse: Outpatient T	Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Assessment 90838 60 Minutes 0 0 0 50 50 50 50 60 69 69 69 69 69 69 69 69 69 69 69 69 69	Mental Health: Outpatient Care		90837		60 Minutes	380	1,641	\$272,159	\$716	\$166	4
Psychotherapy for Crisis First 60 Minutes 90839 First 30-74 Min. 0 0 50 50 50 50 60 Psychotherapy for Crisis Each Additional 30 Minutes 90840 Each Additional 30 Minutes 90840 Each Additional 30 Minutes 90846 Encounter 0 0 50 50 50 50 50 Substance Abuse: Outpatient Treatment 9090, 9096, 0914, 0915, 0916, 0919 90847 Encounter 0 0 0 50 50 50 50 Therapy-Family Therapy 90847 Encounter 0 0 0 50 50 50 50 Therapy-Family Therapy 90847 Encounter 0 0 0 50 50 50 Therapy-Family Therapy 90847 Encounter 0 0 0 50 50 50 Therapy-Family Therapy 90849 Encounter 0 0 50 50 50 50 Therapy-Family Therapy 90849 HS Encounter 0 0 50 50 50 50 Therapy-Family Therapy 90849 HS Encounter 0 0 50 50 50 50 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0915, 0916, 0919 90849 HS Encounter 0 0 50 50 50 50 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0915, 0916, 0919 90849 HF Encounter 0 0 50 50 50 50 50 Substance Abuse: Outpatient Treatment 9090, 0906, 0914, 0915, 0916, 0919 90849 HF Encounter 0 0 0 50 50 50 50 50	Substance abuse: Outpatient Care		90837	HF	60 Minutes	89	192	\$30,707	\$345	\$160	2
Psychotherapy for Crisis Each Additional 30 Minutes 90840 Each Additional 30 0 0 50 50 50 50 60	Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Minutes Minu	Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90846 HF Encounter 0 0 \$0	Psychotherapy for Crisis Each Additional 30 Minutes		90840			0	0	\$0	\$0	\$0	0
Therapy-Family Therapy 90847 Encounter 6 10 \$1,900 \$317 \$190 \$2 \$2 \$2 \$3 \$3 \$3 \$3 \$3	Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90847 Encounter 0 0 \$0	Substance Abuse: Outpatient Treatment		90846	HF	Encounter	0	0	\$0	\$0	\$0	0
10915, 0916, 0919 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 10915, 0916, 0918 1091	Therapy-Family Therapy		90847		Encounter	6	10	\$1,900	\$317	\$190	2
Therapy-Family Therapy 90849 HS Encounter 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	Substance Abuse: Outpatient Treatment		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 90849 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
0915, 0916, 0919	Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy 90853 Encounter 29 379 \$27,217 \$939 \$72 15	Substance Abuse: Outpatient Treatment		90849	HF	Encounter	0	0	\$0	\$0	\$0	0
	Therapy-Group Therapy		90853		Encounter	29	379	\$27,217	\$939	\$72	13

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pines				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	92	739	\$41,554	\$452	\$56	8
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	3	\$1,021	\$340	\$340	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	17	141	\$12,824	\$754	\$91	8
Physical Therapy		97001		Encounter	1	1	\$61	\$61	\$61	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Service Caugary Neverset Code 18CPCS C	es	Daniero Cada	HCPCS Code	M. E.C.	Unit		TTotal		C-+/C	Contract	Unit/Case
Secreptional or Physical Therapy	• •	Revenue Code		Modifier							
Computational or Physical Therapy	* **										0
Decempational or Physical Therapy	* **							•			0
Decomptional or Physical Therapy	cupational or Physical Therapy		97535		15 Minutes	0	0			\$0	0
Secure S	cupational or Physical Therapy				15 Minutes						0
Seculpational Theority	cupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Securational or Physical Therapy	cupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
CO for Orthotic Product Prod	cupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services 97802 15 Minutes 1 4 \$132 \$132 \$33 \$Assessment or Health Services 97804 15 Minutes 0 0 0 \$30 \$0 \$0 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50	cupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services	O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Health Services 97804 30 Minutes 0 0 50 50 50 50	sessment or Health Services		97802		15 Minutes	1	4	\$132	\$132	\$33	4
Substance Abuse: Acupaneture	sessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture 97811	alth Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99201	bstance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management 99201	bstance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99202	w Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management 9902	bstance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99203 Encounter 0 0 50 50 50 50 50 50	w Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management 99203 HF Encounter 0 0 50 50 50 50 50 50	ostance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99204	w Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management 99204 HF Encounter 0 0 \$0<	bstance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99205	w Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management 99205 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ostance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management 99211 HF Encounter 0 0 0 0 80 80 80 Management Established Patient Evaluation and Management 99212 HF Encounter 494 1,277 \$183,508 \$371 \$144 805 Substance Abuse: Established Patient Evaluation and Management 89212 HF Encounter 0 0 0 80 80 80 80 80 80 80 80 80 80 80	w Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management Established Patient Evaluation and Management 99212	bstance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Management Stablished Patient Evaluation and Management 99212 HF Encounter 494 1,277 \$183,508 \$371 \$144	ablished Patient Evaluation and Management		99211		Encounter	43	49	\$4,679	\$109	\$95	1
Substance Abuse: Established Patient Evaluation and Management Established Patient Evaluation and Management 99213 HF Encounter 79 112 \$8,968 \$114 \$80 Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 Sustance Abuse: Established Patient Evaluation and Management 99214 Encounter 0 0 0 \$0 \$0 \$0 \$0 Substance Abuse: Established Patient Evaluation and Management 99214 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 Substance Abuse: Established Patient Evaluation and Management Established Patient Evaluation and Management 99215 Encounter 1 1 1 \$62 \$62 \$62 Substance Abuse: Established Patient Evaluation and Management 99215 HF Encounter 0 0 0 \$0 \$0 \$0 Management			99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	ablished Patient Evaluation and Management		99212		Encounter	494	1,277	\$183,508	\$371	\$144	3
Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0			99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management 99214 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ablished Patient Evaluation and Management		99213		Encounter	79	112	\$8,968	\$114	\$80	1
Substance Abuse: Established Patient Evaluation and Management Established Patient Evaluation and Management 99214 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	stance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Management Established Patient Evaluation and Management 99215 Encounter 1 1 \$62 \$62 \$62 \$62 Substance Abuse: Established Patient Evaluation and Management 99215 HF Encounter 0 0 \$0 \$0 \$0 \$0	ablished Patient Evaluation and Management		99214		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and 99215 HF Encounter 0 0 \$0 \$0 \$0 \$0 Management			99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Management	ablished Patient Evaluation and Management		99215		Encounter	1	1	\$62	\$62	\$62	1
Additional Codes-Physician Services 99221 30 Minutes 0 0 \$ \$0 \$ \$ 0 \$			99215	HF	Encounter	0	0	\$0	\$0	\$0	0
	ditional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99222 50 Minutes 0 0 \$0 \$0 \$0	ditional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99223 70 Minutes 1 1 \$95 \$95 \$95	ditional Codes-Physician Services		99223		70 Minutes	1	1	\$95	\$95	\$95	1
Additional Codes-Physician Services 99224 15 Minutes 0 0 \$0 \$0 \$0 \$0	·					0	0	\$0			0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pines				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	1	1	\$95	\$95	\$95	1
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$95	\$95	\$95	1
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pines				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	155	158	\$31,798	\$205	\$201	1
Assessment		H0002		Encounter	660	683	\$96,163	\$146	\$141	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	24	322	\$51,579	\$2,149	\$160	13
Crisis Residential Services		H0018		Days	1	1	\$403	\$403	\$403	1
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pines Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0 \$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	111	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	394	401	\$92,313	\$234	\$230	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Licounici	0	0	\$0	\$0	\$0	0
Treatment Planning		H0031	1100	Encounter	518	607	\$84,478	\$163	\$139	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$103	\$139	0
		H0032	13	Direct Observation	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	20	20	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	34	\$2,631	\$2,631	\$77	34
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	20	1,048	\$10,686	\$534	\$10	52
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	6	119	\$2,423	\$404	\$20	20
Peer Directed and Operated Support Services		NA			0	0	\$61,963	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	48	8,299	\$453,744	\$9,453	\$55	173
Community Living Supports in Independent living/own home		H0043		Per diem	4	1,350	\$196,019	\$49,005	\$145	338
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	36	414	\$19,347	\$537	\$47	12
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	122	428	\$25,564	\$210	\$60	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	2	3	\$84	\$42	\$28	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	51	25,462	\$113,438	\$2,224	\$4	499
Community Living Supports (Daily)		H2016		Per Diem	10	2,131	\$289,369	\$28,937	\$136	213
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	13	748	\$10,984	\$845	\$15	58
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Pines Unit Revenue Code HCPCS Code Modifier Measure Cases Units Cost Cost/Case Cost/Unit Unit/Case Service Category Substance Abuse Services: Outpatient Care HF 0 0 \$0 \$0 \$0 0900, 0914, 0915, H2027 15 Minutes 0 0916, 0919 Clubhouse Psychosocial Rehabilitation Programs H2030 15 Minutes 21 52,314 \$164,772 \$7,846 \$3 2,491 0 0 Home Based Services H2033 15 Minutes \$0 \$0 \$0 0 Substance Abuse: Outpatient Care 0900, 0906, 0914, H2035 HF 15 23 \$1,467 \$98 \$64 2 0915, 0916, 0919 HF 0 0 \$0 \$0 \$0 0 Substance Abuse: Outpatient Care 0900, 0906, 0914, H2036 Per Diem 0915, 0916, 0919 Transportation S0209 Per Mile 0 0 \$0 \$0 \$0 0 Transportation S0215 Per Mile 0 0 \$0 \$0 \$0 0 HF S0215 Per Mile 0 0 \$0 \$0 \$0 0 Substance Abuse Services: Transportation Family Training - EBP S5110 15 Minutes 0 0 \$0 \$0 \$0 0 S5111 0 0 \$0 \$0 \$0 0 Family Training Encounter Family Training S5111 HA Encounter 0 0 \$0 \$0 \$0 0 НМ Family Training S5111 Encounter 0 0 \$0 \$0 \$0 0 BHT/ABA Family Training S5111 U5 \$116 Encounter 1 1 \$116 \$116 1 Foster Care S5140 Days 0 0 \$0 \$0 \$0 0 S5145 0 0 \$0 \$0 \$0 0 Foster Care Days 15 Minutes 0 0 \$0 \$0 \$0 0 Respite S5150 Respite S5151 Per Diem 0 0 \$0 \$0 \$0 0 0 0 Personal Emergency Response System (PERS) S5160 Encounter \$0 \$0 \$0 0 0 \$0 0 Personal Emergency Response System (PERS) S5161 Month 0 \$0 \$0 Environmental Modification S5165 Service 0 0 \$0 \$0 \$0 0 Enhanced Medical Equipment-Supplies S5199 0 0 \$0 \$0 \$0 0 Items 0 0 \$0 \$0 \$0 0 Occupational or Physical Therapy S8990 Encounter Health Services S9445 0 0 \$0 \$0 \$0 0 Encounter Health Services S9446 Encounter 3 15 \$1,772 \$591 \$118 5 S9470 0 0 \$0 \$0 \$0 0 Health Services Encounter 0 0 \$0 \$0 \$0 0 Prevention Services - Direct Model S9482 15 minutes Intensive Crisis Stabilization-Enrolled Program S9484 Hour 0 0 \$0 \$0 \$0 0 Residential Room and Board S9976 0 0 \$0 \$0 \$0 0 Days Substance Abuse Services: 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 TE Up to 15 min T1000 0 0 \$0 \$0 \$0 0 Private Duty Nursing T1001 150 150 \$8,066 \$54 \$54 Encounter 1 Assessment T1002 487 1,263 \$68,355 \$140 \$54 3 Health Services Up to 15 min Respite Care T1005 15 Minutes 0 0 \$0 \$0 \$0 0 TD 0 0 0 Respite Care T1005 15 Minutes \$0 \$0 \$0 Respite Care T1005 TE 15 Minutes 0 0 \$0 \$0 \$0 0 TT 0 0 Respite Care (Children's Waiver & SED Waiver) T1005 \$0 \$0 \$0 0 15 minutes T1007 HF 0 0 \$0 \$0 \$0 0 Substance Abuse: Treatment Planning Encounter

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Pines				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	30	417	\$33,484	\$1,116	\$80	14
Targeted Case Management		T1017		15 minutes	239	8,216	\$680,527	\$2,847	\$83	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	10	2,161	\$147,622	\$14,762	\$68	216
Assessments		T1023		Encounter	224	290	\$148,131	\$661	\$511	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	2	4	\$29	\$15	\$7	2
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	23	62	\$13,823	\$601	\$223	3
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,487		\$4,151,204			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Saginaw				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	26	364	\$266,683	\$10,257	\$733	14
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	4	36	\$10,801	\$2,700	\$300	9
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	5	63	\$42,656	\$8,531	\$677	13
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	4	45	\$7,263	\$1,816	\$161	11
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	224	2,460	\$2,306,076	\$10,295	\$937	11
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	91	859	\$174,022	\$1,912	\$203	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	88	783	\$510,390	\$5,800	\$652	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	11	77	\$14,050	\$1,277	\$182	7
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$22,464	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$111,295	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Saginaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	1	6	\$1,770	\$1,770	\$295	6
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	59	59	\$25,575	\$433	\$433	1
Assessment		90792		Encounter	124	124	\$55,124	\$445	\$445	1
Mental Health: Outpatient Care		90832		30 Minutes	102	243	\$51,367	\$504	\$211	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	331	2,233	\$383,246	\$1,158	\$172	7
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	121	606	\$271,605	\$2,245	\$448	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	4	\$1,682	\$841	\$420	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	14	\$3,870	\$645	\$276	2
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	122	1,602	\$667,210	\$5,469	\$416	13

Adults with Mental Illness

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Saginaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	1	6	\$5,555	\$5,555	\$926	6
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	21	\$6,392	\$799	\$304	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	328	2,805	\$326,852	\$997	\$117	9
Physical Therapy		97001		Encounter	2	2	\$338	\$169	\$169	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	4	4	\$568	\$142	\$142	1
Occupational Therapy		97004		Encounter	1	1	\$96	\$96	\$96	1
Occupational or Physical Therapy		97110		15 Minutes	2	31	\$1,922	\$961	\$62	16
Occupational or Physical Therapy		97112		15 Minutes	1	2	\$111	\$111	\$55	2
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	2	43	\$2,659	\$1,330	\$62	22
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	71	\$4,395	\$4,395	\$62	71

Adults with Mental Illness

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Saginaw Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	50	179	\$11,162	\$223	\$62	4
Assessment or Health Services		97803		15 Minutes	1	4	\$247	\$247	\$62	4
Health Services		97804		30 Minutes	2	7	\$3,154	\$1,577	\$451	4
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	1	1	\$195	\$195	\$195	1
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	4	4	\$220	\$55	\$55	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	31	31	\$1,668	\$54	\$54	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	18	18	\$9,269	\$515	\$515	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	1	1	\$44	\$44	\$44	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	101	151	\$53,250	\$527	\$353	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	258	440	\$55,387	\$215	\$126	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,189	4,981	\$442,892	\$372	\$89	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	234	499	\$181,222	\$774	\$363	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	22	26	\$14,799	\$673	\$569	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99222		50 Minutes	30	32	\$4,400	\$147	\$137	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Saginaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	37	173	\$8,855	\$239	\$51	5
Additional Codes-Physician Services		99232		25 minutes	18	42	\$3,508	\$195	\$84	2
Additional Codes-Physician Services		99233		35 Minutes	4	6	\$819	\$205	\$136	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Service Compress Service Com	Saginaw	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Secretaria System System	· · · · · · · · · · · · · · · · · · · 	revenue code		Wodiffer							
Secondary 99345 Escounter 0 0 30 30 30 0 0 0 0											
Macientem	·										
	- 										
December 9934	·-							· · · · · · · · · · · · · · · · · · ·			
Macessmant Spital Encounter 0 0 50 50 50 0 0 0 0											
Accounter	-										
Medication Management								· · · · · · · · · · · · · · · · · · ·			
Transportation											
Transportation	<u>-</u>										
Temportation	Transportation							· · · · · · · · · · · · · · · · · · ·			
Subtance Abose: Transportation	- 				Per mile			· · · · · · · · · · · · · · · · · · ·			
Per conservation	Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation	Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0110		Per one-way trip	7	8	\$1,211	\$173	\$151	1
Transportation	Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0130		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0140		Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0170			0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies E1399 Rems 0 0 S0 S0 S0 0 0 Earnily Training Support EBP only E1399 E139	Additional Codes-Transportation		A0425		Per Mile	14	132	\$1,584	\$113	\$12	9
Family Training/Support EBP only G0177 Encounter Session at least 45 min Clear 45 min	Additional Codes-Transportation		A0427			0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services G0409 15 Minutes 0 0 S0 S0 S0 0 0 Substance Abuse: Recovery Support Services H0001 Encounter 0 0 S0 S0 S0 S0 0 0 S0 S	Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment H0001 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Family Training/Support EBP only		G0177			0	0	\$0	\$0	\$0	0
Assessment H0002 Encounter 505 656 \$148,306 \$294 \$226 1	Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory H0003 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900,0906,0914, 0919 H0004 H0005 15 Minutes 0 0 \$0	Assessment		H0002		Encounter	505	656	\$148,306	\$294	\$226	1
Substance Abuse: Case Management H0005 H0016 H	Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management H0006 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Outpatient Treatment		H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 0 0 50 \$0 <th< td=""><td>Substance Abuse: Outpatient Treatment</td><td></td><td>H0005</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Outpatient Treatment		H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0012 Days 0 0 50 \$0 <th< td=""><td>Substance Abuse: Case Management</td><td></td><td>H0006</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 <th< td=""><td>Substance Abuse: Sub-Acute Detoxification</td><td>1002</td><td>H0010</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care 0906 H0015 Days 0 0 \$30 \$30 \$4 Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 398 1,560 \$515,324 \$1,295 \$330 4 Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0	Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
	Crisis Residential Services		H0018		Days	398	1,560	\$515,324	\$1,295	\$330	4
·	Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
	Substance Abuse: Residential	1002		HF		0	0	\$0		\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Saginaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	114	4,938	\$334,513	\$2,934	\$68	43
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	878	1,042	\$735,813	\$838	\$706	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		4	4	\$1,414	\$353	\$353	1
Treatment Planning		H0032		Encounter	142	213	\$48,958	\$345	\$230	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	8	18	\$747	\$93	\$42	2
Home Based Services		H0036		15 Minutes	6	783	\$99,752	\$16,625	\$127	131
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	431	9,560	\$685,225	\$1,590	\$72	22
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	52	14,779	\$667,938	\$12,845	\$45	284
Community Living Supports in Independent living/own home		H0043		Per diem	205	32,757	\$1,211,887	\$5,912	\$37	160
Respite		H0045		Days	3	6	\$1,116	\$372	\$186	2
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	2	\$126	\$63	\$63	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	915	2,178	\$537,932	\$588	\$247	2
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	18	26,070	\$112,130	\$6,229	\$4	1,448
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	137	190,602	\$1,067,077	\$7,789	\$6	1,391
Community Living Supports (Daily)		H2016		Per Diem	82	22,889	\$1,862,084	\$22,708	\$81	279
Behavior Services		H2019		15 Minutes	11	1,791	\$202,504	\$18,409	\$113	163
Behavior Services		H2019	TT	15 Minutes	1	16	\$1,808	\$1,808	\$113	16
Wraparound		H2021		15 Minutes	3	71	\$18,789	\$6,263	\$265	24
Wraparound (SED Waiver)		H2022		Days	1	11	\$11,188	\$11,188	\$1,017	11
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	62	4,157	\$32,835	\$530	\$8	67
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Saginaw Sagina Catagoria	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category			HF		0	0	\$0		\$0	0
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	ПГ	15 Minutes	U	0	20	\$0	20	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	78	92,600	\$284,936	\$3,653	\$3	1,187
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	13	158	\$96,923	\$7,456	\$613	12
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	11	\$2,867	\$2,867	\$261	11
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	89	246	\$44,973	\$505	\$183	3
Health Services		S9446		Encounter	9	31	\$14,202	\$1,578	\$458	3
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	31	949	\$138,279	\$4,461	\$146	31
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	219	258	\$107,911	\$493	\$418	1
Health Services		T1002		Up to 15 min	138	838	\$47,560	\$345	\$57	6
Respite Care		T1005		15 Minutes	4	3,343	\$11,042	\$2,760	\$3	836
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Saginaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	14	478	\$46,763	\$3,340	\$98	34
Targeted Case Management		T1017		15 minutes	1,603	89,796	\$5,236,142	\$3,266	\$58	56
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	7	83	\$12,975	\$1,854	\$156	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	82	22,901	\$1,855,666	\$22,630	\$81	279
Assessments		T1023		Encounter	1,298	1,773	\$1,003,584	\$773	\$566	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	3	\$266	\$133	\$89	2
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	29	277	\$34,779	\$1,199	\$126	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	3	21	\$8,815	\$2,938	\$420	7
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	96	994	\$35,170	\$366	\$35	10
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)					0	0	\$1,428,146	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					3,235		\$24,778,386			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Sanilac				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	12	83	\$61,187	\$5,099	\$737	7
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	1	7	\$5,160	\$5,160	\$737	7
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	45	345	\$251,327	\$5,585	\$728	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	6	33	\$24,040	\$4,007	\$728	6
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	25	109	\$79,405	\$3,176	\$728	4
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	2	28	\$20,398	\$10,199	\$728	14
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$5,104	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Sanilac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	0	0	\$0	\$0	\$0	0
Assessment		90792		Encounter	93	93	\$46,453	\$499	\$499	1
Mental Health: Outpatient Care		90832		30 Minutes	118	279	\$26,510	\$225	\$95	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	281	2,172	\$365,343	\$1,300	\$168	8
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	128	581	\$119,576	\$934	\$206	5
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3	4	\$740	\$247	\$185	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	8	\$1,335	\$445	\$167	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	58	671	\$56,552	\$975	\$84	12

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Sanilac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	5	\$918	\$918	\$184	5
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	39	464	\$53,730	\$1,378	\$116	12
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

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Sequential Physical Theory	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Designation of Physical Theory	Occupational or Physical Therapy		97532		15 Minutes						0
Descriptional of Physical Theory	Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0		\$0	0
Segretarian of Physical Theory 9752 15 Minners 0 0 0 0 0 0 0 0 0	Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Segundarian Programmer 9735 5 Manuers 0 0 0 30 30 30 0 0 0	Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Companied Theory	Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Contractation of Physical Therapy	Occupational or Physical Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Co for Christo-Princit User or Physical Thorapy	Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Aussender of Habib Services	Occupational or Physical Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment of Health Services	C/O for Orthotic/Prosth Use or Physical Therapy		97762		15 minutes	0	0	\$0	\$0	\$0	0
Health Services	Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acquiracture	Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abous: Acopuncture 97811	Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99201	Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abose: New Platient Evaluation and Management 9920	Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99202	New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management 99202	Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99203 Factorities 0 0 0 50 50 50 50 50	New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Parlient Evaluation and Management 99203 HF Encounter 0 0 50 50 50 50 0	Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99204	New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management 99204	Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management 99205 Encounter 0 0 50 50 50 50 50 50	New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management 99205	Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management 99211	New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management 99211 HF Encounter 107 181 \$36,835 \$344 \$204 2 Established Patient Evaluation and Management 99212 HF Encounter 107 181 \$36,835 \$344 \$204 2 Substance Abuse: Established Patient Evaluation and Management 99212 HF Encounter 0 0 \$0	Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Management Stablished Patient Evaluation and Management 9912 HF Encounter 107 181 \$36.835 \$344 \$204 20 \$205 \$	Established Patient Evaluation and Management		99211		Encounter	133	139	\$20,912	\$157	\$150	1
Substance Abuse: Established Patient Evaluation and Management 99212			99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Management Stablished Patient Evaluation and Management Sp213	Established Patient Evaluation and Management		99212		Encounter	107	181	\$36,835	\$344	\$204	2
Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 \$0 \$0 \$0 \$0 Established Patient Evaluation and Management 99214 HF Encounter 29 42 \$19,918 \$687 \$474 1 Substance Abuse: Established Patient Evaluation and Management 99214 HF Encounter 0 0 \$0			99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management 99214	Established Patient Evaluation and Management		99213		Encounter	366	1,435	\$477,701	\$1,305	\$333	4
Substance Abuse: Established Patient Evaluation and Management Established Patient Evaluation and Management 99214 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Management Established Patient Evaluation and Management 99215 Encounter 4 6 \$2,457 \$614 \$410 2 Substance Abuse: Established Patient Evaluation and Management 99215 HF Encounter 0 0 \$0 <t< td=""><td>Established Patient Evaluation and Management</td><td></td><td>99214</td><td></td><td>Encounter</td><td>29</td><td>42</td><td>\$19,918</td><td>\$687</td><td>\$474</td><td>1</td></t<>	Established Patient Evaluation and Management		99214		Encounter	29	42	\$19,918	\$687	\$474	1
Substance Abuse: Established Patient Evaluation and Management 99215 HF Encounter 0 0 \$0			99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Management Additional Codes-Physician Services 99221 30 Minutes 0 0 \$0	Established Patient Evaluation and Management		99215		Encounter	4	6	\$2,457	\$614	\$410	2
Additional Codes-Physician Services 99222 50 Minutes 0 0 \$			99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99223 70 Minutes 0 0 \$0 \$0 \$0 \$0 \$0	Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
	Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99224 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0	Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
	Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Sanilac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Sanilac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Sanilac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Methadone Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
			HF							
Substance Use Disorder: Recovery Support Services		H0023	ПГ	Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0				0
Assessment		H0031	1 114	Encounter	302	327	\$148,162	\$491	\$453	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	247	495	\$148,500	\$601	\$300	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	3	5	\$222	\$74	\$44	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	2	3	\$467	\$234	\$156	2
Home Based Services		H0036		15 Minutes	10	903	\$41,398	\$4,140	\$46	90
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	102	3,852	\$103,039	\$1,010	\$27	38
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			55	0	\$90,062	\$1,637	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	45	7,507	\$564,482	\$12,544	\$75	167
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	3	13	\$823	\$274	\$63	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	90	484	\$47,858	\$532	\$99	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	87	37,810	\$227,980	\$2,620	\$6	435
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	57	11,367	\$50,518	\$886	\$4	199
Community Living Supports (Daily)		H2016		Per Diem	25	5,686	\$700,211	\$28,008	\$123	227
Behavior Services		H2019		15 Minutes	1	15	\$801	\$801	\$53	15
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
					-	-	+ 2		70	

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

	Sanilac				Unit						
Part	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
15 15 15 15 15 15 15 15	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
1,000 1,00	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Per North Per	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Per Mile 10 10 10 10 10 10 10 1	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Per-Mille	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Selection Sele	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Semily Training	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Serial Praining Sill HA Encounter 0 0 50 50 50 50 50 50	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Still HA Encounter 0 0 50 50 50 50 50 50	Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Santly Training S5111 HM Incounter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Secondary Seco	Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Sester Care	Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
Select Care	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Sespite S5150 15 Minutes 0 0 50 50 50 50 50 50	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Per Direct Per	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161 Month 0 0 S0 S0 S0 S0 S0 S0	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161 Month 0 0 S0 S0 S0 S0 S0 S0	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Environmental Modification S5165 Service 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies S5199 Items 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Segue Seque Segue Segu	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Health Services S9445 Encounter 0 0 S0 S0 S0 S0 S0 Feath Services S9446 Encounter 0 0 S0 S0 S0 S0 S0 Feath Services S9470 Encounter 0 0 S0 S0 S0 S0 S0 Feath Services S9470 Encounter 0 0 S0 S0 S0 S0 S0 Feath Services Direct Model S9482 I5 minutes 0 0 S0 S0 S0 S0 S0 Feath Services Direct Model S9484 Hour 0 0 S0 S0 S0 S0 S0 S0	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Health Services S946 Encounter 0 0 50 50 50 50 50 50	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Encluth Services S9470	Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model S9482 15 minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Houris H	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Paris Pari	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board S976 HF Days 0 0 50 \$0 \$0 Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0<	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 Up to 15 min 0 0 \$0	Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 \$0 \$0 \$0 Private Duty Nursing T1000 TE Up to 15 min 0 0 \$0 \$0 \$0 Assessment T1001 Encounter 0 0 \$0 \$0 \$0 Health Services T1002 Up to 15 min 1 1 \$135 \$135 \$135 Respite Care T1005 TD 15 Minutes 0 0 \$0 \$0 \$0 \$0 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 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 <th< td=""><td>Substance Abuse Services: Residential Room and Board</td><td></td><td>S9976</td><td>HF</td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 \$0	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Time	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 1 1 \$135 \$135 \$135 Respite Care T1005 15 Minutes 0 0 \$0	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 0 0 \$0 \$0 \$0 \$0 Respite Care T1005 TD 15 Minutes 0 0 \$0 <td>Assessment</td> <td></td> <td>T1001</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Assessment		T1001		Encounter	0	0	\$0	\$0	\$0	0
Respite Care T1005 TD 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>1</td> <td>1</td> <td>\$135</td> <td>\$135</td> <td>\$135</td> <td>1</td>	Health Services		T1002		Up to 15 min	1	1	\$135	\$135	\$135	1
Respite Care T1005 TE 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 \$0 \$0 \$0 \$0	Respite Care		T1005		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	Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Sanilac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	271	6,163	\$526,316	\$1,942	\$85	23
Targeted Case Management		T1017		15 minutes	0	0	\$0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	25	5,686	\$233,903	\$9,356	\$41	227
Assessments		T1023		Encounter	91	119	\$55,403	\$609	\$466	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	12	\$1,626	\$1,626	\$135	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					564		\$4,617,507			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Shiawassee	Revenue Code	HCPCS Code	Modifier	Unit	C	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category		neres code		Measure	Cases					
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	6	98	\$32,574	\$5,429	\$332	16
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	169	1,036	\$647,983	\$3,834	\$625	6
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	2	8	\$6,032	\$3,016	\$754	4
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Shiawassee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	137	137	\$51,729	\$378	\$378	1
Assessment		90792		Encounter	47	47	\$3,210	\$68	\$68	1
Mental Health: Outpatient Care		90832		30 Minutes	70	114	\$1,219	\$17	\$11	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	238	1,399	\$260,009	\$1,092	\$186	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	234	1,650	\$310,637	\$1,328	\$188	7
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	24	350	\$38,561	\$1,607	\$110	15

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Shiawassee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	4	\$2,488	\$829	\$622	1
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	45	437	\$22,328	\$496	\$51	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Shiawassee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	1	\$53	\$53	\$53	1
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0 \$0	\$0	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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	2	2	\$129	\$65	\$65	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	229	430	\$86,547	\$378	\$201	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	323	907	\$121,998	\$378	\$135	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	28	31	\$9,174	\$328	\$296	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	3	\$345	\$173	\$115	2
Additional Codes-Physician Services		99222		50 Minutes	7	9	\$2,255	\$322	\$251	1
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224	,	15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Shiawassee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	7	35	\$3,601	\$514	\$103	5
Additional Codes-Physician Services		99232		25 minutes	5	32	\$2,898	\$580	\$91	6
Additional Codes-Physician Services		99233		35 Minutes	1	1	\$664	\$664	\$664	1
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Shiawassee		rranga a .	26.110	Unit						***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	4	38	\$8,089	\$2,022	\$213	10
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	316	334	\$64,347	\$204	\$193	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	1	5	\$3,780	\$3,780	\$756	5

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Shiawassee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020			0	0	\$0	\$0 \$0	\$0 \$0	0
Peer Directed and Operated Support Services		H0022		Encounter Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
* **			HF							
Substance Use Disorder: Recovery Support Services		H0023	ПГ	Encounter	0	0	\$0 \$0	\$0 \$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0			\$0	0
Assessment		H0031	104/	Encounter	302	313	\$133,601	\$442	\$427	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	173	181	\$29,104	\$168	\$161	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	32	32	\$6,650	\$208	\$208	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	26	2,831	\$276,685	\$10,642	\$98	109
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	58	2,764	\$117,599	\$2,028	\$43	48
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	49	4,050	\$501,234	\$10,229	\$124	83
Community Living Supports in Independent living/own home		H0043		Per diem	3	1,089	\$140,974	\$46,991	\$129	363
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	2	8	\$2,956	\$1,478	\$370	4
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	214	709	\$47,456	\$222	\$67	3
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	17,472	\$133,156	\$12,105	\$8	1,588
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	15	64,840	\$201,120	\$13,408	\$3	4,323
Community Living Supports (Daily)		H2016		Per Diem	9	2,828	\$723,886	\$80,432	\$256	314
Behavior Services		H2019		15 Minutes	10	1,630	\$45,474	\$4,547	\$28	163
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	4	7,784	\$60,659	\$15,165	\$8	1,946
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
12					-	· · · · · · · · · · · · · · · · · · ·				

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Shiawassee	D 0.1	rranga a r	24. 11.00	Unit						*** ***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP		S5110		15 Minutes	1	8	\$304	\$304	\$38	8
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	7	7	\$213	\$30	\$30	1
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Shiawassee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	1	3	\$987	\$987	\$329	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	144	4,181	\$398,852	\$2,770	\$95	29
Targeted Case Management		T1017		15 minutes	194	7,383	\$746,176	\$3,846	\$101	38
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	7	2,105	\$29,435	\$4,205	\$14	301
Assessments		T1023		Encounter	212	290	\$151,562	\$715	\$523	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	12	\$504	\$504	\$42	12
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	3	27	\$3,847	\$1,282	\$142	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					955		\$5,433,082			

Adults with Mental Illness

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St. Clair				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	36	297	\$184,603	\$5,128	\$622	8
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	6	63	\$11,738	\$1,956	\$186	11
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	452	3,218	\$2,352,111	\$5,204	\$731	7
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	64	375	\$74,236	\$1,160	\$198	6
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$12,691	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$94,521	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

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St. Clair				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	13	70	\$21,527	\$1,656	\$308	5
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			5	52	\$582	\$116	\$11	10
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	34	34	\$21,893	\$644	\$644	1
Assessment		90792		Encounter	274	280	\$119,868	\$437	\$428	1
Mental Health: Outpatient Care		90832		30 Minutes	175	509	\$42,263	\$242	\$83	3
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	587	4,129	\$436,177	\$743	\$106	7
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	46	192	\$33,364	\$725	\$174	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	7	8	\$1,654	\$236	\$207	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	1	\$90	\$90	\$90	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	14	66	\$6,410	\$458	\$97	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	205	2,399	\$394,694	\$1,925	\$165	12

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St. Clair				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	1	2	\$679	\$679	\$340	2
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	217	2,260	\$192,020	\$885	\$85	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	5	5	\$1,613	\$323	\$323	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	8	\$307	\$307	\$38	8

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St. Clair				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	3	47	\$1,805	\$602	\$38	16
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
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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	1	1	\$112	\$112	\$112	1
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	4	4	\$1,139	\$285	\$285	1
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	10	10	\$3,427	\$343	\$343	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	5	5	\$2,345	\$469	\$469	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	73	81	\$14,809	\$203	\$183	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	13	13	\$1,589	\$122	\$122	1
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	729	1,768	\$320,455	\$440	\$181	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	589	1,739	\$451,910	\$767	\$260	3
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	42	48	\$22,077	\$526	\$460	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

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St. Clair				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	1	1	\$112	\$112	\$112	1
Assessment		99335		Encounter	6	6	\$1,675	\$279	\$279	1
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

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St. Clair				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	1	1	\$69	\$69	\$69	1
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$273	\$273	\$273	1
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	2	14	\$3,111	\$1,556	\$222	7
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012	·	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	44	504	\$97,091	\$2,207	\$193	11
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

St. Clair Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	795	877	\$464,757	\$585	\$530	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	2	2	\$461	\$230	\$230	1
Treatment Planning		H0031	1100	Encounter	170	252	\$27,059	\$230 \$159	\$107	1
		H0032	TS		79	125	\$12,376	\$157	\$107	2
Monitoring of Treatment - Clinician			15	Encounter				·		
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	7	1,567	\$60,716	\$8,674	\$39	224
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	178	6,355	\$252,949	\$1,421	\$40	36
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$285,632	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	81	10,374	\$408,481	\$5,043	\$39	128
Community Living Supports in Independent living/own home		H0043		Per diem	9	2,684	\$233,451	\$25,939	\$87	298
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	59	431	\$34,771	\$589	\$81	7
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	34	26,828	\$257,667	\$7,578	\$10	789
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	473	87,251	\$1,196,349	\$2,529	\$14	184
Community Living Supports (Daily)		H2016		Per Diem	102	14,116	\$1,615,558	\$15,839	\$114	138
Behavior Services		H2019		15 Minutes	45	1,506	\$58,394	\$1,298	\$39	33
Behavior Services		H2019	TT	15 Minutes	44	3,632	\$139,755	\$3,176	\$38	83
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	133	5,517	\$215,165	\$1,618	\$39	41
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

St. Clair	D	Honor o 1	M 110	Unit	_	***	_	0.110	G all is	H ::/G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	84	119,487	\$531,502	\$6,327	\$4	1,422
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	3	6	\$730	\$243	\$122	2
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	3	3	\$12,362	\$4,121	\$4,121	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	4	4	\$851	\$213	\$213	1
Health Services		T1002		Up to 15 min	330	5,223	\$316,621	\$959	\$61	16
Respite Care		T1005		15 Minutes	1	326	\$1,420	\$1,420	\$4	326
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

St. Clair				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,077	23,604	\$1,091,835	\$1,014	\$46	22
Targeted Case Management		T1017		15 minutes	9	2,274	\$52,849	\$5,872	\$23	253
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	33	556	\$48,893	\$1,482	\$88	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	75	14,116	\$201,525	\$2,687	\$14	188
Assessments		T1023		Encounter	168	189	\$40,549	\$241	\$215	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	23	32	\$16,310	\$709	\$510	1
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)					0	0	\$2,487	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,792		\$12,506,517			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

St. Joseph Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	3	32	\$17,625	\$5,875	\$551	11
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	43	424	\$318,148	\$7,399	\$750	10
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

St. Joseph				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	54	56	\$25,794	\$478	\$461	1
Assessment		90792		Encounter	15	15	\$2,634	\$176	\$176	1
Mental Health: Outpatient Care		90832		30 Minutes	252	347	\$23,196	\$92	\$67	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	98	147	\$9,942	\$101	\$68	2
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	305	1,966	\$219,953	\$721	\$112	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	230	887	\$103,214	\$449	\$116	4
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	107	347	\$48,837	\$456	\$141	3
Substance abuse: Outpatient Care		90837	HF	60 Minutes	58	90	\$12,736	\$220	\$142	2
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3	3	\$570	\$190	\$190	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	5	\$550	\$550	\$110	5
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	30	371	\$83,740	\$2,791	\$226	12

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

St. Joseph				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	115	623	\$101,872	\$886	\$164	5
Additional Codes-ECT Physician		90870		Encounter	2	21	\$18,406	\$9,203	\$876	11
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	3	4	\$1,181	\$394	\$295	1
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	23	149	\$5,699	\$248	\$38	6
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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St. Joseph				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	45	45	\$8,648	\$192	\$192	1
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	30	250	\$11,605	\$387	\$46	8
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	364	743	\$60,946	\$167	\$82	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	292	590	\$128,079	\$439	\$217	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	175	247	\$65,068	\$372	\$263	1
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$179	\$89	\$89	1
Additional Codes-Physician Services		99222		50 Minutes	5	5	\$483	\$97	\$97	1
Additional Codes-Physician Services		99223		70 Minutes	11	11	\$936	\$85	\$85	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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St. Joseph				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	8	20	\$1,699	\$212	\$85	3
Additional Codes-Physician Services		99232		25 minutes	18	51	\$4,117	\$229	\$81	3
Additional Codes-Physician Services		99233		35 Minutes	16	38	\$3,214	\$201	\$85	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

St. Joseph	Revenue Code	HCDCC C. 1.	M - 1:6	Unit		II. is		C/C	C/II-2	H-1/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	2	5	\$448	\$224	\$90	3
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	246	366	\$78,504	\$319	\$214	1
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	26	121	\$19,479	\$749	\$161	5
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	62	832	\$104,560	\$1,686	\$126	13
Crisis Residential Services		H0018		Days	7	66	\$29,145	\$4,164	\$442	9
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

St. Joseph Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0 \$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0 \$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	10	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	317	324	\$157,519	\$497	\$486	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	2	2	\$1,410	\$705	\$705	1
Treatment Planning		H0031	1100	Encounter	375	389	\$32,099	\$86	\$83	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0032	13	Direct Observation	0	0	\$0	\$0	\$0	0
Substance Abuse. Frannaiogical Support - Suboxane		110033		Encounter			30	φ0	30	
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	3	\$114	\$114	\$38	3
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	144	5,438	\$8,917	\$62	\$2	38
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	102	2,232	\$3,570	\$35	\$2	22
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	42	4,874	\$403,164	\$9,599	\$83	116
Community Living Supports in Independent living/own home		H0043		Per diem	1	243	\$60,151	\$60,151	\$248	243
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	70	1,560	\$53,219	\$760	\$34	22
Behavior Treatment Plan Review		H2000		Encounter	2	2	\$940	\$470	\$470	1
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	1	1	\$211	\$211	\$211	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	51	249	\$10,649	\$209	\$43	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	16	10,382	\$48,183	\$3,011	\$5	649
Community Living Supports (Daily)		H2016		Per Diem	23	6,382	\$799,603	\$34,765	\$125	277
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	13	341	\$2,318	\$178	\$7	26
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

St. Joseph Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	8	169	\$4,628	\$578	\$27	21
Clubhouse Psychosocial Rehabilitation Programs	0910, 0919	H2030		15 Minutes	33	30,493	\$175,258	\$5,311	\$6	924
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	HM	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	72	73	\$5,209	\$72	\$71	1
Health Services		T1002		Up to 15 min	279	619	\$40,611	\$146	\$66	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
		11007	• • • • • • • • • • • • • • • • • • • •	Encounter	•	•	Ψ0	40	90	

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

St. Joseph	D 0.1	Hanas a 1	M 110	Unit	_	***	_	0.40	G .TI.	H ::/0
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	12	276	\$17,658	\$1,472	\$64	23
Targeted Case Management		T1017		15 minutes	127	7,664	\$699,073	\$5,505	\$91	60
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	9	115	\$11,429	\$1,270	\$99	13
Personal Care in Licensed Specialized Residential Setting		T1020		Days	23	6,382	\$608,473	\$26,455	\$95	277
Assessments		T1023		Encounter	57	62	\$47,333	\$830	\$763	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	2	4	\$85	\$42	\$21	2
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	2	3	\$40	\$20	\$13	2
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					986		\$4,703,073			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	19	222	\$149,741	\$7,881	\$675	12
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	22	179	\$139,415	\$6,337	\$779	8
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	93	640	\$490,216	\$5,271	\$766	7
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	131	1,309	\$999,628	\$7,631	\$764	10
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901	,	,	Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Summit Pointe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	424	424	\$102,456	\$242	\$242	1
Assessment		90792		Encounter	533	535	\$154,700	\$290	\$289	1
Mental Health: Outpatient Care		90832		30 Minutes	326	519	\$51,843	\$159	\$100	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	204	483	\$48,836	\$239	\$101	2
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	1,281	5,332	\$830,508	\$648	\$156	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	302	740	\$121,043	\$401	\$164	2
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	902	3,138	\$603,983	\$670	\$192	3
Substance abuse: Outpatient Care		90837	HF	60 Minutes	249	768	\$152,274	\$612	\$198	3
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	12	39	\$6,204	\$517	\$159	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	227	2,699	\$262,702	\$1,157	\$97	12

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Summit Pointe				Unit				aa		
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	410	4,366	\$452,237	\$1,103	\$104	11
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	10	20	\$5,202	\$520	\$260	2
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Summit Pointe	D	HCDCG C- 1	M. P.C.	Unit		TT-14-		G1/G	C. villa	II-iv/C
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	24	24	\$8,196	\$342	\$342	1
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	132	1,148	\$53,655	\$406	\$47	9
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	369	560	\$39,621	\$107	\$71	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	59	117	\$15,070	\$255	\$129	2
Established Patient Evaluation and Management		99213		Encounter	1,610	4,380	\$526,175	\$327	\$120	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	148	181	\$31,138	\$210	\$172	1
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	48	49	\$6,322	\$132	\$129	1
Established Patient Evaluation and Management		99215		Encounter	3	3	\$694	\$231	\$231	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	3	3	\$287	\$96	\$96	1
Additional Codes-Physician Services		99222		50 Minutes	3	4	\$422	\$141	\$105	1
Additional Codes-Physician Services		99223		70 Minutes	3	3	\$287	\$96	\$96	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Summit Pointe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	18	50	\$2,804	\$156	\$56	3
Additional Codes-Physician Services		99232		25 minutes	86	326	\$32,766	\$381	\$101	4
Additional Codes-Physician Services		99233		35 Minutes	72	151	\$14,677	\$204	\$97	2
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment	-	99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Trevenue obac						\$0	\$0	\$0	
Assessment		99342		Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Assessment		99343		Encounter	0	0		\$0 \$0		0
Assessment		99344		Encounter			\$0		\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	1	1	\$151	\$151	\$151	1
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	274	282	\$93,939	\$343	\$333	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	50	275	\$107,593	\$2,152	\$391	6
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Summit Pointe Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	1	134	\$4,829	\$4,829	\$36	134
		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0025	ПГ		0	0	\$0 \$0	\$0 \$0	\$0	0
Prevention Services - Direct Model				Face to Face Contact						
Assessment		H0031	LDAZ	Encounter	528	536	\$128,053	\$243	\$239	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	0	0	\$0	\$0	\$0	0
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	41	5,621	\$191,550	\$4,672	\$34	137
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	173	21,542	\$456,431	\$2,638	\$21	125
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	36	331	\$46,024	\$1,278	\$139	9
Peer Directed and Operated Support Services		NA			0	0	\$492,584	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	53	15,569	\$1,682,001	\$31,736	\$108	294
Community Living Supports in Independent living/own home		H0043		Per diem	8	2,079	\$621,598	\$77,700	\$299	260
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	41	111	\$20,787	\$507	\$187	3
Behavior Treatment Plan Review		H2000		Encounter	20	47	\$3,303	\$165	\$70	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	21	98	\$7,097	\$338	\$72	5
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	155	631	\$90,603	\$585	\$144	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	9	6,655	\$46,463	\$5,163	\$7	739
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	265	27,123	\$449,976	\$1,698	\$17	102
Community Living Supports (Daily)		H2016		Per Diem	61	13,714	\$2,313,489	\$37,926	\$169	225
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	112	794	\$49,412	\$441	\$62	7
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Summit Pointe Service Cetegory	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category										
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	1	5	\$531	\$531	\$106	5
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Health Services		T1002		Up to 15 min	1	2	\$80	\$80	\$40	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Summit Pointe	D G 1	Hanas a I	M 110	Unit	_	77.5	_	G ./G	G . W.	H ::/G
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	815	5,718	\$1,245,445	\$1,528	\$218	7
Targeted Case Management		T1017		15 minutes	405	11,720	\$2,058,291	\$5,082	\$176	29
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	25	371	\$65,323	\$2,613	\$176	15
Personal Care in Licensed Specialized Residential Setting		T1020		Days	61	13,747	\$829,589	\$13,600	\$60	225
Assessments		T1023		Encounter	207	263	\$248,178	\$1,199	\$944	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					3,850		\$16,556,420			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Tuscola Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	10	139	\$92,069	\$9,207	\$662	14
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	5	114	\$17,814	\$3,563	\$156	23
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	27	133	\$101,761	\$3,769	\$765	5
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	5	61	\$5,956	\$1,191	\$98	12
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	37	351	\$247,089	\$6,678	\$704	9
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	10	88	\$10,533	\$1,053	\$120	9
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762	·		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Tuscola				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	155	160	\$115,858	\$747	\$724	1
Assessment		90792		Encounter	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90832		30 Minutes	76	100	\$9,889	\$130	\$99	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	224	924	\$170,543	\$761	\$185	4
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	242	1,360	\$484,069	\$2,000	\$356	6
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	17	\$4,153	\$692	\$244	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	42	320	\$52,142	\$1,241	\$163	8

Adults with Mental Illness

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Tuscola				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	20	\$1,917	\$383	\$96	4
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	35	381	\$55,620	\$1,589	\$146	11
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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State of Michigan QMPmeasures@michigan.gov

Tuscola				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	1	2	\$96	\$96	\$48	2
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	278	72	\$117,115	\$421	\$1,627	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	331	747	\$168,594	\$509	\$226	2
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	134	232	\$78,434	\$585	\$338	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	79	111	\$62,783	\$795	\$566	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	4	4	\$405	\$101	\$101	1
Additional Codes-Physician Services		99222		50 Minutes	47	53	\$6,154	\$131	\$116	1
Additional Codes-Physician Services		99223		70 Minutes	4	4	\$645	\$161	\$161	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Tuscola				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	41	199	\$9,059	\$221	\$46	5
Additional Codes-Physician Services		99232		25 minutes	67	175	\$9,848	\$147	\$56	3
Additional Codes-Physician Services		99233		35 Minutes	27	37	\$3,147	\$117	\$85	1
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Tuscola	Revenue Code	HCPCS Code	Modifier	Unit	G	Units		Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Wiodiffer	Measure	Cases		Cost			
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	6	84	\$27,559	\$4,593	\$328	14
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Tuscola	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code		Wodifici							
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	215	222	\$96,620	\$449	\$435	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	238	258	\$75,834	\$319	\$294	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	4	15	\$4,384	\$1,096	\$292	4
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	3	4	\$1,397	\$466	\$349	1
Home Based Services		H0036		15 Minutes	10	1,013	\$96,112	\$9,611	\$95	101
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			190	4,581	\$109,707	\$577	\$24	24
Assertive Community Treatment (ACT)		H0039		15 Minutes	62	415	\$370,747	\$5,980	\$893	7
Community Living Supports in Independent living/own home		H0043		Per diem	1	109	\$26,195	\$26,195	\$240	109
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	5	15	\$2,472	\$494	\$165	3
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	8	44	\$6,818	\$852	\$155	6
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	4	8,550	\$42,903	\$10,726	\$5	2,138
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016		Per Diem	11	2,733	\$413,668	\$37,606	\$151	248
Behavior Services		H2019		15 Minutes	12	527	\$46,549	\$3,879	\$88	44
Behavior Services		H2019	TT	15 Minutes	11	156	\$12,219	\$1,111	\$78	14
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	32	1,427	\$13,509	\$422	\$9	45
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Tuscola Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915,	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
	0916, 0919									
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	677	\$1,993	\$1,993	\$3	677
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	НА	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	3	3	\$1,253	\$418	\$418	1
Health Services		T1002		Up to 15 min	14	73	\$10,292	\$735	\$141	5
Respite Care		T1005		15 Minutes	1	20	\$51	\$51	\$3	20
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0
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Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Tuscola		yyanaa a .	3.6 11.0	Unit						***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	272	5,645	\$774,407	\$2,847	\$137	21
Targeted Case Management		T1017		15 minutes	27	1,102	\$82,900	\$3,070	\$75	41
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	97	\$12,216	\$3,054	\$126	24
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	2,733	\$269,589	\$24,508	\$99	248
Assessments		T1023		Encounter	66	70	\$55,169	\$836	\$788	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	3	26	\$367	\$122	\$14	9
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	2	11	\$90	\$45	\$8	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	1	8	\$925	\$925	\$116	8
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					25	0	\$3,517	\$141	\$0	0
Other					264	0	\$48,361	\$183	\$0	0
Aggregate for 'J' Codes		ALL			43	0	\$193,823	\$4,508	\$0	0
Total Population and Cost					684		\$4,627,339			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Van Buren Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	29	469	\$400,537	\$13,812	\$854	16
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$00,557	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	1	6	\$4,941	\$4,941	\$824	6
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	41	317	\$262,050	\$6,391	\$827	8
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Van Buren				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	430	457	\$123,334	\$287	\$270	1
Assessment		90792		Encounter	151	153	\$44,741	\$296	\$292	1
Mental Health: Outpatient Care		90832		30 Minutes	168	277	\$26,985	\$161	\$97	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	371	2,114	\$363,669	\$980	\$172	6
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	136	531	\$96,450	\$709	\$182	4
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	135	169	\$32,236	\$239	\$191	1
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	14	19	\$1,946	\$139	\$102	1
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	9	\$1,220	\$407	\$136	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	97	726	\$34,282	\$353	\$47	7

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Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	6	\$1,345	\$672	\$224	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	36	285	\$17,828	\$495	\$63	8
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	4	4	\$1,381	\$345	\$345	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

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Van Buren				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	1	2	\$173	\$173	\$86	2
Occupational or Physical Therapy		97542		15 Minutes	2	4	\$345	\$173	\$86	2
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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	458	1,518	\$120,670	\$263	\$79	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	92	351	\$43,722	\$475	\$125	4
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	1	1	\$224	\$224	\$224	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	3	3	\$283	\$94	\$94	1
Additional Codes-Physician Services		99222		50 Minutes	8	10	\$985	\$123	\$99	1
Additional Codes-Physician Services		99223		70 Minutes	16	16	\$1,558	\$97	\$97	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

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Van Buren				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	10	19	\$1,791	\$179	\$94	2
Additional Codes-Physician Services		99232		25 minutes	25	75	\$7,021	\$281	\$94	3
Additional Codes-Physician Services		99233		35 Minutes	23	63	\$5,163	\$224	\$82	3
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Van Buren		vanaa a .	24.110	Unit		** .				**
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	226	245	\$27,456	\$121	\$112	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012	·	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	14	124	\$55,348	\$3,953	\$446	9
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

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Van Buren Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	10	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$0 \$0	\$0	0
Treatment Planning		H0032	1100	Encounter	495	581	\$130,218	\$263	\$224	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	13	22	\$4,931	\$379	\$224	2
- 			13		0	0		\$0		0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	20	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	127	\$14,944	\$14,944	\$118	127
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	86	999	\$10,356	\$120	\$10	12
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	91	7,922	\$727,969	\$8,000	\$92	87
Community Living Supports in Independent living/own home		H0043		Per diem	5	1,401	\$188,073	\$37,615	\$134	280
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	3	6	\$1,425	\$475	\$238	2
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	4	14	\$3,326	\$832	\$238	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	204	730	\$40,117	\$197	\$55	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13	16,765	\$174,198	\$13,400	\$10	1,290
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	34	14,086	\$76,233	\$2,242	\$5	414
Community Living Supports (Daily)		H2016		Per Diem	46	11,372	\$2,203,541	\$47,903	\$194	247
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	30	6,892	\$71,442	\$2,381	\$10	230
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Van Buren				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	65	96,577	\$811,706	\$12,488	\$8	1,486
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	0	0	\$0	\$0	\$0	0
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	6	7	\$1,812	\$302	\$259	1
Health Services		T1002		Up to 15 min	8	30	\$6,558	\$820	\$219	4
Respite Care		T1005		15 Minutes	1	880	\$3,936	\$3,936	\$4	880
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Van Buren				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	15	401	\$62,912	\$4,194	\$157	27
Targeted Case Management		T1017		15 minutes	165	5,012	\$842,493	\$5,106	\$168	30
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	9	61	\$10,254	\$1,139	\$168	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	46	11,341	\$389,599	\$8,470	\$34	247
Assessments		T1023		Encounter	100	117	\$39,334	\$393	\$336	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	12	\$1,584	\$1,584	\$132	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					1,290		\$7,494,644			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Washtenaw				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	47	425	\$312,843	\$6,656	\$736	9
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	445	3,830	\$3,512,838	\$7,894	\$917	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	C
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$535,464	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	2	31	\$31,005	\$15,503	\$1,000	16

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Service (Despite (Service (Post) (1967) Service (P	Washtenaw				Unit						
Transmission Control	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pageone Period Depositabilization 91					# of visits	0	0	\$0	\$0	\$0	0
Paper Pape	Outpatient Partial Hospitalization	0912			Days	37	253	\$103,070	\$2,786	\$407	7
Part	Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Mational Color: EXP Ascelhesia 0014 0014 0016 00	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Millional Codes ECT Australesia Ding Sterene for Melhalionar Chimat Only 1000		0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Designer for Mellandone Cliesse Only	Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Page Serien for Methadone Clicato Galy 80301 per date of service 0 0 80 50 80 0 0 0 0 0 0 0 0	Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Dang Sereen for Methadone Clients Only S0002 each procedure 0 0 S0 S0 S0 S0 S0 S0	Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Serene for Methadone Clients Only S000 S00 S00	Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Ding Serien for Methadone Clients Only 9300 930	Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code	Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD	Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Assessment	Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Assessment	Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care 90832 18	Assessment		90791		Encounter	20	20	\$7,469	\$373	\$373	1
Substance abuse: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90822 HF 30 Minutes 0 0 S0 S0 S0 0 Assessment 90833 30 Minutes 0 458 887,620 \$730 \$191 4 Substance abuse: Outpatient Care 90834 HF 45 Minutes 120 458 887,620 \$730 \$191 4 Assessment 9090,0906,0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$5	Assessment		90792		Encounter	263	264	\$133,096	\$506	\$504	1
Assessment 9015, 0916, 0910 Assessment 90833 30 Minutes 0 0 0 0 50 570 570 910 4 Substance abuse: Outpatient Care 90834 HF 45 Minutes 0 0 0 0 50 50 50 50 50 50 Assessment 90857 HF 60 Minutes 0 0 0 0 50 50 50 50 50 50 50 50 50 50 5	Mental Health: Outpatient Care		90832		30 Minutes	45	110	\$13,523	\$301	\$123	2
Mental Health: Outpatient Care 9084 45 Minutes 120 458 887,620 8730 8191 4	Substance abuse: Outpatient Care		90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834	Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Assessment 9915, 0916, 0919 Assessment 990836 45 Minutes 0 0 80 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Mental Health: Outpatient Care		90834		45 Minutes	120	458	\$87,620	\$730	\$191	4
Mental Health: Outpatient Care	Substance abuse: Outpatient Care		90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Substance abuse: Outpatient Care 90837 HF 60 Minutes 0 0 S0 S0 S0 0 Assessment 90838 60 Minutes 0 0 \$0	Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Seesement 90838 60 Minutes 0 0 50 50 50 50 0	Mental Health: Outpatient Care		90837		60 Minutes	166	955	\$220,777	\$1,330	\$231	6
Psychotherapy for Crisis First 60 Minutes	Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes 90840 Each Additional 30 Minutes 90840 Each Additional 30 Minutes 90846 Encounter 90846 Encounter 90846 Minutes 90846 HF Encounter 90846 HF Encounter 90846 HF Encounter 90847 90847 Encounter 90847 Encount	Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Minutes Minu	Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0919 90846 HF Encounter 0 0 \$0	Psychotherapy for Crisis Each Additional 30 Minutes		90840			0	0	\$0	\$0	\$0	0
Therapy-Family Therapy 90847 Encounter 14 133 \$31,074 \$2,220 \$234 10	Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90847 Encounter 0 0 \$0	Substance Abuse: Outpatient Treatment		90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Company Comp	Therapy-Family Therapy		90847		Encounter	14	133	\$31,074	\$2,220	\$234	10
Therapy-Family Therapy 90849 HS Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Substance Abuse: Outpatient Treatment		90847		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 90849 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 0 0 0 0 0 0 0 0 0 0	Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
0915, 0916, 0919	Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy 90853 Encounter 122 1,378 \$443,082 \$3,632 \$322 11	Substance Abuse: Outpatient Treatment		90849	HF	Encounter	0	0	\$0	\$0	\$0	0
	Therapy-Group Therapy		90853		Encounter	122	1,378	\$443,082	\$3,632	\$322	11

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Washtenaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	617	6,347	\$307,195	\$498	\$48	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	7	8	\$5,248	\$750	\$656	1
Occupational Therapy		97004		Encounter	3	4	\$3,001	\$1,000	\$750	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Washtenaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	99	195	\$11,226	\$113	\$58	2
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	317	578	\$113,138	\$357	\$196	2
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	1,530	3,957	\$823,016	\$538	\$208	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	1,012	2,454	\$546,481	\$540	\$223	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	94	108	\$34,753	\$370	\$322	1
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Michigan Department of Health and Human Services

Adults with Mental Illness

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Washtenaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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Washtenaw		yanaa a .		Unit		***				** ***
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
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
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$609	\$609	\$609	1
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	89	92	\$20,184	\$227	\$219	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	141	1,312	\$254,738	\$1,807	\$194	9
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Washtenaw	Revenue Code	HCPCS Code	Modifier	Unit	Corre	Units	G	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Woulle	Measure	Cases		Cost			
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	667	706	\$271,055	\$406	\$384	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		28	28	\$17,288	\$617	\$617	1
Treatment Planning		H0032		Encounter	30	58	\$30,699	\$1,023	\$529	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	4	655	\$65,074	\$16,269	\$99	164
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	207	5,761	\$254,291	\$1,228	\$44	28
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	132	8,893	\$1,381,616	\$10,467	\$155	67
Community Living Supports in Independent living/own home		H0043		Per diem	68	5,155	\$441,577	\$6,494	\$86	76
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	8	13	\$5,976	\$747	\$460	2
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	439	1,874	\$125,689	\$286	\$67	4
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	107	53,213	\$212,852	\$1,989	\$4	497
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	104	997,658	\$2,843,325	\$27,340	\$3	9,593
Community Living Supports (Daily)		H2016		Per Diem	65	19,789	\$2,295,524	\$35,316	\$116	304
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	1	69	\$12,056	\$12,056	\$175	69
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	52	56,736	\$381,833	\$7,343	\$7	1,091
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

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State of Michigan QMPmeasures@michigan.gov

Washtenaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	82	87,270	\$518,384	\$6,322	\$6	1,064
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	4	\$624	\$624	\$156	4
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	\$965	\$965	\$965	1
Personal Emergency Response System (PERS)		S5161		Month	1	9	\$8,684	\$8,684	\$965	9
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	3	3	\$1,034	\$345	\$345	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	163	1,076	\$222,119	\$1,363	\$206	7
Health Services		S9470		Encounter	58	147	\$24,433	\$421	\$166	3
Prevention Services - Direct Model		S9482		15 minutes	5	249	\$15,600	\$3,120	\$63	50
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	680	689	\$51,220	\$75	\$74	1
Health Services		T1002		Up to 15 min	300	4,528	\$215,171	\$717	\$48	15
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

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Washtenaw				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	10	142	\$23,071	\$2,307	\$162	14
Targeted Case Management		T1017		15 minutes	1,952	20,741	\$3,426,206	\$1,755	\$165	11
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	16	140	\$123,837	\$7,740	\$885	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	57	16,901	\$1,282,955	\$22,508	\$76	297
Assessments		T1023		Encounter	622	901	\$212,456	\$342	\$236	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	12	\$1,373	\$1,373	\$114	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	49	300	\$90,159	\$1,840	\$301	6
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			5	0	\$3,516	\$703	\$0	0
Total Population and Cost					3,029		\$22,112,111			

Adults with Mental Illness

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West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68		14	141	\$122,661	\$8,761	\$870	10
- 	0100		PT68	Days	6	62	\$122,661	\$1,659	\$161	10
Local Psychiatric Hospital/IMD PT68 Bundled per diem Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134,		PT68	Days	0	0	\$9,955	\$1,639	\$101	0
Local Psychiatric Hospital/IMD P168 Physician costs excluded	0114, 0124, 0134, 0154		P100	Days	Ü	Ü	20	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	78	691	\$668,172	\$8,566	\$967	9
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	7	88	\$10,797	\$1,542	\$123	13
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

West Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	137	148	\$86,478	\$631	\$584	1
Assessment		90792		Encounter	3	3	\$1,346	\$449	\$449	1
Mental Health: Outpatient Care		90832		30 Minutes	71	143	\$13,779	\$194	\$96	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	87	175	\$26,948	\$310	\$154	2
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	209	2,322	\$486,552	\$2,328	\$210	11
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	234	433	\$170,398	\$728	\$394	2
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	1	\$198	\$198	\$198	1
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	83	709	\$106,527	\$1,283	\$150	9

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

West Michigan	Davanua Cada	HCDCS Code	Madifian	Unit	0	Limito	G .	Coat/Coas	Coot/Unit	Unit/Coss
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	2	2	\$388	\$194	\$194	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	6	\$1,156	\$289	\$193	2
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	52	534	\$118,981	\$2,288	\$223	10
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

West Michigan		yanaa a .		Unit		** .				
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	146	177	\$47,123	\$323	\$266	1
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	436	1,759	\$580,241	\$1,331	\$330	4
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	13	13	\$4,288	\$330	\$330	1
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		50 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		70 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

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West Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		35 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

West Michigan	Revenue Code	HCPCS Code	Modifier	Unit	G	Units	G .	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Wiodillei	Measure	Cases		Cost			
Assessment		99342		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99343		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99344		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99345		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99347		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99348		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99349		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99350		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	2	2	\$446	\$223	\$223	1
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	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Per one-way trip	0	0	\$0	\$0	\$0	0
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	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	5	37	\$7,299	\$1,460	\$197	7
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	348	378	\$86,736	\$249	\$229	1
Substance Abuse: Laboratory		H0003		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0906	H0015		Days	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	5	16	\$9,573	\$1,915	\$598	3
Substance Abuse: Residential	1002	H0018	HF	Days	0	0	\$0	\$0	\$0	0
Substance Abuse: Residential	1002	H0019	HF	Days	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

West Michigan Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0020		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0022		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	10	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	543	570	\$163,373	\$301	\$287	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW	Encounter	0	0	\$0	\$301	\$287	0
Treatment Planning		H0032	1100	Encounter	460	759	\$106,146	\$231	\$140	2
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$100,140	\$231	\$140	0
		H0032	13	Direct Observation	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	\$0	20	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	2	28	\$2,029	\$1,015	\$72	14
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: 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	102	19,147	\$882,102	\$8,648	\$46	188
Community Living Supports in Independent living/own home		H0043		Per diem	6	764	\$106,677	\$17,780	\$140	127
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	24	52	\$18,332	\$764	\$353	2
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	12	5,957	\$33,657	\$2,805	\$6	496
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	410	47,433	\$375,195	\$915	\$8	116
Community Living Supports (Daily)		H2016		Per Diem	45	6,221	\$889,168	\$19,759	\$143	138
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	TT	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	2	66	\$438	\$219	\$7	33
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

West Michigan	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category										
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	141	\$888	\$888	\$6	141
Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	25	195	\$46,457	\$1,858	\$238	8
Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Substance Abuse Services: 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	26	26	\$6,816	\$262	\$262	1
Health Services		T1002		Up to 15 min	16	32	\$1,898	\$119	\$59	2
Respite Care		T1005		15 Minutes	0	0	\$0	\$0	\$0	0
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 Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

West Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	2	6	\$1,567	\$783	\$261	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017		15 minutes	512	13,421	\$771,708	\$1,507	\$58	26
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	21	5,889	\$450,626	\$21,458	\$77	280
Assessments		T1023		Encounter	132	177	\$107,860	\$817	\$609	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			11	0	\$18,613	\$1,692	\$0	0
Total Population and Cost					1,388		\$6,543,593			

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Woodlands				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	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Bundled per diem	0100		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	1	9	\$5,947	\$5,947	\$661	9
Local Psychiatric Hospital/IMD PT68 Physician costs excluded	0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Bundled per diem	0100		PT73	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	23	225	\$152,577	\$6,634	\$678	10
Local Psychiatric Hospital - Acute Community PT73 Physician costs excluded	0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/IMD			PT68	Amount	0	0	\$0	\$0	\$0	0
Cost Estimates of Current Year IBNR/Accrual Local Psychiatric Hospital/Acute Community			PT73	Amount	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Crisis Observation Care	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

Woodlands				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80300		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80301		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80302		each procedure	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80303		per date of service	0	0	\$0	\$0	\$0	0
Drug Screen for Methadone Clients Only		80304		each procedure	0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code		90785			0	0	\$0	\$0	\$0	0
Interactive Complexity - Add On Code - SUD		90785	HF		0	0	\$0	\$0	\$0	0
Assessment		90791		Encounter	1	1	\$416	\$416	\$416	1
Assessment		90792		Encounter	69	69	\$42,346	\$614	\$614	1
Mental Health: Outpatient Care		90832		30 Minutes	19	25	\$6,542	\$344	\$262	1
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90832	HF	30 Minutes	13	15	\$970	\$75	\$65	1
Assessment		90833		30 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90834		45 Minutes	100	536	\$256,373	\$2,564	\$478	5
Substance abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	90834	HF	45 Minutes	112	491	\$65,626	\$586	\$134	4
Assessment		90836		45 Minutes	0	0	\$0	\$0	\$0	0
Mental Health: Outpatient Care		90837		60 Minutes	3	3	\$2,447	\$816	\$816	1
Substance abuse: Outpatient Care		90837	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Assessment		90838		60 Minutes	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	0	0	\$0	\$0	\$0	0
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	3	\$520	\$520	\$173	3
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Woodlands				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	44	1,274	\$100,828	\$2,292	\$79	29
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician	0901	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92521		Encounter	0	0	\$0	\$0	\$0	0
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		92610		Encounter	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	3	\$591	\$591	\$197	3
Psychological Testing by Technician		96102		Per Hour	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam		96116		Per Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	\$0	\$0	\$0	0
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	1	2	\$44	\$44	\$22	2
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Woodlands				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	(
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational 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	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97810		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Acupuncture		97811		Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99201		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99201	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99202		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99202	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99203		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99203	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99204		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99204	HF	Encounter	0	0	\$0	\$0	\$0	0
New Patient Evaluation and Management		99205		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: New Patient Evaluation and Management		99205	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99211		Encounter	36	418	\$51,319	\$1,426	\$123	12
Substance Abuse: Established Patient Evaluation and Management		99211	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99212		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99212	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99213		Encounter	186	497	\$72,904	\$392	\$147	3
Sustance Abuse: Established Patient Evaluation and Management		99213	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99214		Encounter	6	10	\$1,431	\$239	\$143	2
Substance Abuse: Established Patient Evaluation and Management		99214	HF	Encounter	0	0	\$0	\$0	\$0	0
Established Patient Evaluation and Management		99215	·	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Established Patient Evaluation and Management		99215	HF	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		30 Minutes	2	2	\$106	\$53	\$53	1
Additional Codes-Physician Services		99222		50 Minutes	3	3	\$217	\$72	\$72	1
Additional Codes-Physician Services		99223		70 Minutes	10	11	\$1,054	\$105	\$96	1
Additional Codes-Physician Services		99224		15 Minutes	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Woodlands				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99225		25 minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99226		35 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		15 Minutes	5	15	\$298	\$60	\$20	3
Additional Codes-Physician Services		99232		25 minutes	12	70	\$1,970	\$164	\$28	6
Additional Codes-Physician Services		99233		35 Minutes	11	45	\$1,770	\$161	\$39	4
Physician Consultations		99241		15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99241	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99242		30 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99242	HF	30 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99243		40 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99243	HF	40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99244		60 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99244	HF	60 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99245		80 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: New or Established Patient Evaluation and Management		99245	HF	80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99251		20 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99252		40 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99253		55 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99254		80 Minutes	0	0	\$0	\$0	\$0	0
Physician Consultations		99255		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
Nursing Facility Services evaluation and management		99308		15 Minutes	0	0	\$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
Assessment		99324		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99325		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99326		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99327		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99328		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99334		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99335		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99336		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99337		Encounter	0	0	\$0	\$0	\$0	0
Assessment		99341		Encounter	0	0	\$0	\$0	\$0	0

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Assessment							Unit				Woodlands
Accessment	nit Unit/Case	Cost/Unit	Cost/Case	Cost	Units	Cases	Measure	Modifier	HCPCS Code	Revenue Code	Service Category
Section Sect	60 0	\$0	\$0	\$0	0	0	Encounter		99342		Assessment
Assessment	0 0	\$0	\$0	\$0	0	0	Encounter		99343		Assessment
Assessment	60 0	\$0	\$0	\$0	0	0	Encounter		99344		Assessment
Assessment	60 0	\$0	\$0	\$0	0	0	Encounter		99345		Assessment
Assessment	60 0	\$0	\$0	\$0	0	0	Encounter		99347		Assessment
Assessment	60 0	\$0	\$0	\$0	0	0	Encounter		99348		Assessment
Medication Administration 99266 Encounter 0 0 S0 S0 S0 S0 Medication Management 99065 15 Minutes 0 0 0 S0 S0 S0 S0 S0	60 0	\$0	\$0	\$0	0	0	Encounter		99349		Assessment
Medication Management	60 0	\$0	\$0	\$0	0	0	Encounter		99350		Assessment
Transportation	60 0	\$0	\$0	\$0	0	0	Encounter		99506		Medication Administration
Transportation	60 0	\$0	\$0	\$0	0	0	15 Minutes		99605		Medication Management
Transportation	60 0	\$0	\$0	\$0	0	0	Per mile		A0080		Transportation
Substance Abuse: Transportation	60 0	\$0	\$0	\$0	0	0	Per mile		A0090		Transportation
Transportation	60 0	\$0	\$0	\$0	0	0	Per one-way trip		A0100		Transportation
Substance Abuse: Transportation	60 0	\$0	\$0	\$0	0	0	Per one-way trip		A0100		Substance Abuse: Transportation
Transportation	60 0	\$0	\$0	\$0	0	0	Per one-way trip		A0110		Transportation
Transportation	60 0	\$0	\$0	\$0	0	0	Per one-way trip	HF	A0110		Substance Abuse: Transportation
Transportation	60 0	\$0	\$0	\$0	0	0	Per one-way trip		A0120		Transportation
Transportation	60 0	\$0	\$0	\$0	0	0	Per one-way trip		A0130		Transportation
Additional Codes-Transportation A0425 Per Mile 0 0 \$0	60 0	\$0	\$0	\$0	0	0	Per one-way trip		A0140		Transportation
Additional Codes-Transportation A0427 Refer to code descriptions. Refer to code descript	60 0	\$0	\$0	\$0	0	0			A0170		Transportation
Enlanced Medical Equipment-Supplies E1399 Items 0 0 0 \$0 \$0 \$0 \$0 \$0	60 0	\$0	\$0	\$0	0	0	Per Mile		A0425		Additional Codes-Transportation
Family Training/Support EBP only G0177 Encounter Session at least 45 min 0	60 0	\$0	\$0	\$0	0	0			A0427		Additional Codes-Transportation
Substance Abuse: Recovery Support Services G0409 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0	60 0	\$0	\$0	\$0	0	0	Items		E1399		Enhanced Medical Equipment-Supplies
Substance Abuse: Individual Assessment H0001 Encounter 111 114 \$29,336 \$264 \$25 Assessment H0002 Encounter 76 77 \$33,920 \$446 \$44 Substance Abuse: Laboratory H0003 Encounter 0 0 \$0	60 0	\$0	\$0	\$0	0	0			G0177		Family Training/Support EBP only
Assessment H0002 Encounter 76 77 \$33,920 \$446 \$44 Substance Abuse: Laboratory H0003 Encounter 0 0 \$0 <td>60 0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> <td>0</td> <td>15 Minutes</td> <td></td> <td>G0409</td> <td></td> <td>Substance Abuse: Recovery Support Services</td>	60 0	\$0	\$0	\$0	0	0	15 Minutes		G0409		Substance Abuse: Recovery Support Services
Substance Abuse: Laboratory H0003 Encounter 0 0 \$0	57 1	\$257	\$264	\$29,336	114	111	Encounter		H0001		Substance Abuse: Individual Assessment
Substance Abuse: Outpatient Treatment 0900, 0906, 0914, 0915, 0919 H0004 15 Minutes 0 0 \$0	1 1	\$441	\$446	\$33,920	77	76	Encounter		H0002		Assessment
Substance Abuse: Cutpatient Treatment 0915, 0916, 0919 H0005 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0	60 0	\$0	\$0	\$0	0	0	Encounter		H0003		Substance Abuse: Laboratory
0915, 0916, 0919 Substance Abuse: Case Management H0006 Encounter 0 0 \$0	60 0	\$0	\$0	\$0	0	0	15 Minutes		H0004		Substance Abuse: Outpatient Treatment
Substance Abuse: Sub-Acute Detoxification 1002 H0010 Days 0 0 \$0 \$0 \$0 \$0	60 0	\$0	\$0	\$0	0	0	Encounter		H0005		Substance Abuse: Outpatient Treatment
*	60 0	\$0	\$0	\$0	0	0	Encounter		H0006		Substance Abuse: Case Management
Substance Abuse: Sub-Acute Detaylification 1002 H0012 Days 0 0 50 \$0 \$0	60 0	\$0	\$0	\$0	0	0	Days		H0010	1002	Substance Abuse: Sub-Acute Detoxification
Substance Abuse. Sub-Acute Detoxineation 1002 110012 Days 0 0 0 0 0 0	60 0	\$0	\$0	\$0	0	0	Days		H0012	1002	Substance Abuse: Sub-Acute Detoxification
Substance Abuse: Sub-Acute Detoxification 1002 H0014 Days 0 0 \$0 \$0 \$0 \$	60 0	\$0	\$0	\$0	0	0	Days		H0014	1002	Substance Abuse: Sub-Acute Detoxification
Substance Abuse: Outpatient Care 0906 H0015 Days 48 959 \$190,047 \$3,959 \$19	98 20	\$198	\$3,959	\$190,047	959	48	Days		H0015	0906	Substance Abuse: Outpatient Care
Crisis Residential Services H0018 Days 5 42 \$18,792 \$3,758 \$44	17 8	\$447	\$3,758	\$18,792	42	5	Days		H0018		Crisis Residential Services
Substance Abuse: Residential 1002 H0018 HF Days 0 0 \$0 \$0 \$0	60 0	\$0	\$0	\$0	0	0	Days	HF	H0018	1002	Substance Abuse: Residential
Substance Abuse: Residential 1002 H0019 HF Days 0 0 \$0 \$0 \$0 \$	60 0	\$0	\$0	\$0	0	0	Days	HF	H0019	1002	Substance Abuse: Residential

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Woodlands	Revenue Code	HCPCS Code	Modifier	Unit	G	Units	Q .	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Modifier	Measure	Cases		Cost			
Substance Abuse: Methadone		H0020		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Early Intervention		H0022		Encounter	5	23	\$2,134	\$427	\$93	5
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	190	200	\$111,665	\$588	\$558	1
Support Intensity Scale (SIS) Face-to-Face Assessment		H0031	HW		0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	250	286	\$47,967	\$192	\$168	1
Monitoring of Treatment - Clinician		H0032	TS	Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	ST	15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	8	1,384	\$33,835	\$4,229	\$24	173
Peer Directed and Operated Support Services		H0038	TJ	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		H0038	HF	15 Minutes	3	79	\$1,362	\$454	\$17	26
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	76	\$2,262	\$2,262	\$30	76
Community Living Supports in Independent living/own home		H0043		Per diem	6	1,359	\$288,465	\$48,078	\$212	227
Respite		H0045		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0046		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Laboratory		H0048		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0050		15 Minutes	8	57	\$5,440	\$680	\$95	7
Behavior Treatment Plan Review		H2000		Encounter	1	10	\$3,036	\$3,036	\$304	10
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention		H2011		15 Minutes	11	56	\$6,758	\$614	\$121	5
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	\$0	\$0	\$0	0
Out of Home Non Vocational Habilitation		H2014	HK	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	18	16,009	\$77,027	\$4,279	\$5	889
Community Living Supports (Daily)		H2016		Per Diem	16	4,121	\$623,721	\$38,983	\$151	258
Behavior Services		H2019		15 Minutes	2	23	\$2,627	\$1,313	\$114	12
Behavior Services		H2019	TT	15 Minutes	12	745	\$45,018	\$3,751	\$60	62
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022		Days	0	0	\$0	\$0	\$0	0
Wraparound (SED Waiver)		H2022	TT	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	6	152	\$12,799	\$2,133	\$84	25
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
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Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

State of Michigan QMPmeasures@michigan.gov

18-10-19-19-19-19-19-19-19-19-19-19-19-19-19-	Woodlands				Unit						
Part	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Manual None None	Substance Abuse Services: Outpatient Care		H2027	HF	15 Minutes	0	0	\$0	\$0	\$0	0
1,000 1,00	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	24	27,466	\$255,762	\$10,657	\$9	1,144
Part	Home Based Services		H2033		15 Minutes	0	0	\$0	\$0	\$0	0
Para Para Para Para Para Para Para Par	Substance Abuse: Outpatient Care		H2035	HF	Hour	0	0	\$0	\$0	\$0	0
Pre-Mile Pre-Mile 0 0 0 0 0 0 0 0 0	Substance Abuse: Outpatient Care		H2036	HF	Per Diem	0	0	\$0	\$0	\$0	0
Selbesteen Abuse Errokes: Transporation	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Family Training - EBP	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training S511 HA Encounter 0 0 0 0 50 50 50 50 50 50 50 50 50 50 5	Substance Abuse Services: Transportation		S0215	HF	Per Mile	0	0	\$0	\$0	\$0	0
Family Training	Family Training - EBP		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Finally Training	Family Training		S5111		Encounter	1	2	\$769	\$769	\$384	2
Set Content	Family Training		S5111	HA	Encounter	0	0	\$0	\$0	\$0	0
Foster Care	Family Training		S5111	НМ	Encounter	0	0	\$0	\$0	\$0	0
Protect Care	BHT/ABA Family Training		S5111	U5	Encounter	0	0	\$0	\$0	\$0	0
Respite	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Respite S5151 Per Diem 0 0 0 50 50 50 50 50 50 Feronal Ellurgency Response System (PERS) S5160 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5161 Month 0 0 S0 S0 S0 S0 S0 S0	Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Environmental Modification	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies S5199 Items 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Seepic Care (Children's Waiver & SEDWaiver) Seepic Care (Shifted Services Times	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Health Services S9445 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Health Services S946 Encounter 0 0 0 S0	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Health Services S9470 Encounter 0 0 0 S0 S0 S0 S0 S0	Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model S9482 15 minutes 0 0 50 50 50 50 50 50	Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services Hour 10	Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 0 0 50 50 50 50	Prevention Services - Direct Model		S9482		15 minutes	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Residential Room and Board S9976 HF Days 0 0 50 50 50 Private Duty Nursing T1000 TD Up to 15 min 0 0 50 50 50 Private Duty Nursing T1000 TE Up to 15 min 0 0 50 50 50 Private Duty Nursing T1001 Encounter 7 8 \$832 \$119 \$104 Assessment T1001 Encounter 7 8 \$832 \$119 \$104 Health Services T1002 Up to 15 min 1 2 \$73 \$73 \$36 Respite Care T1005 TD 15 Minutes 1 562 \$2,339 \$2,339 \$4 50 Respite Care T1005 TD 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 Up to 15 min 0 0 50 50 50 Private Duty Nursing T1000 TD Up to 15 min 0 0 50 50 50 Private Duty Nursing T1000 TE Up to 15 min 0 0 50 50 50 Assessment T1001 Encounter 7 8 \$832 \$119 \$104 Health Services T1002 Up to 15 min 1 2 \$73 \$73 \$36 Respite Care T1005 TD 15 Minutes 1 562 \$2,339 \$2,339 \$4 50 Respite Care T1005 TD 15 Minutes 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 50 \$0 \$0	Residential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TD Up to 15 min 0 0 0 50 50 50 Private Duty Nursing T1000 TE Up to 15 min 0 0 0 50 50 50 Assessment T1001 Encounter 7 8 \$832 \$119 \$104 Health Services T1002 Up to 15 min 1 2 \$73 \$73 \$36 Respite Care T1005 TD 15 Minutes 1 562 \$2,339 \$2,339 \$4 56 Respite Care T1005 TE 15 Minutes 0 0 0 50 50 50 Respite Care T1005 TE 15 Minutes 0 0 0 50 50 50 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 50 50	Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0	0	\$0	\$0	\$0	0
Private Duty Nursing T1000 TE Up to 15 min 0 0 0 50 50 50 Assessment T1001 Encounter 7 8 \$832 \$119 \$104 Health Services T1002 Up to 15 min 1 2 \$73 \$73 \$36 Respite Care T1005 TD 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care T1005 TE 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care T1005 TE 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care C(hildren's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 0 50 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Private Duty Nursing		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment T1001 Encounter 7 8 \$832 \$119 \$104 Health Services T1002 Up to 15 min 1 2 \$73 \$73 \$36 Respite Care T1005 TD 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care T1005 TE 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 Respite Care T1005 TT 15 minutes 0 0 0 50 \$0 \$0 Respite Care C(hildren's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 \$0 \$0 \$0 Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 0 50 \$0 \$0 TO TITUDE TT TITUDE TT TITUDE TO	Private Duty Nursing		T1000	TD	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services T1002 Up to 15 min 1 2 \$73 \$73 \$36 Respite Care T1005 15 Minutes 1 562 \$2,339 \$2,339 \$4 50 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	Private Duty Nursing		T1000	TE	Up to 15 min	0	0	\$0	\$0	\$0	0
Respite Care T1005 15 Minutes 1 562 \$2,339 \$2,339 \$4 56 Respite Care T1005 TD 15 Minutes 0 0 \$0	Assessment		T1001		Encounter	7	8	\$832	\$119	\$104	1
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	Health Services		T1002		Up to 15 min	1	2	\$73	\$73	\$36	2
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	Respite Care		T1005		15 Minutes	1	562	\$2,339	\$2,339	\$4	562
Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 0 0 \$0 \$0 \$0 \$0	Respite Care		T1005	TD	15 Minutes	0	0	\$0	\$0	\$0	0
	Respite Care		T1005	TE	15 Minutes	0	0	\$0	\$0	\$0	0
Substance Abuse: Treatment Planning T1007 HF Encounter 0 0 \$0 \$0 \$0	Respite Care (Children's Waiver & SED Waiver)		T1005	TT	15 minutes	0	0	\$0	\$0	\$0	0
	Substance Abuse: Treatment Planning		T1007	HF	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning

Adults with Mental Illness

SUB-ELEMENT COST REPORT: Fiscal Year 2016

Woodlands				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Child Sitting Services		T1009		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	\$0	\$0	\$0	0
Family Psycho-Education - EBP		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	8	260	\$24,816	\$3,102	\$95	33
Targeted Case Management		T1017		15 minutes	107	4,150	\$373,834	\$3,494	\$90	39
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	4,121	\$299,995	\$18,750	\$73	258
Assessments		T1023		Encounter	63	70	\$53,558	\$850	\$765	1
Prevention Services - Direct Model		T1027		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2001	HF	Encounter	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1	94	\$37	\$37	\$0	94
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2004	HF	Encounter	9	17	\$733	\$81	\$43	2
Transportation		T2005		Encounter	0	0	\$0	\$0	\$0	0
Substance Abuse Services: Transportation		T2005	HF	Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		T2024			0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	12	\$1,561	\$1,561	\$130	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Respite Care		T2036		Per session. One night = one session	0	0	\$0	\$0	\$0	0
Respite Care		T2037		Per session. One day/partial day = one session	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Service	0	0	\$0	\$0	\$0	0
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)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					694		\$3,316,813			